PRIOR AUTHORIZATION POLICY

POLICY: Oncology (Injectable) – Kyprolis Prior Authorization Policy
- Kyprolis (carfilzomib intravenous infusion – Amgen/Onyx)

REVIEW DATE: 04/24/2024

OVERVIEW

Kyprolis, a proteasome inhibitor, is approved for **multiple myeloma** in the following situations:[1]

- for relapsed or refractory disease, in combination with dexamethasome ± lenalidomide or Darzalex® (daratumumab intravenous infusion)/dexamethasone, Darzalex Faspro® (daratumumab and hyaluronidase-fihj subcutaneous injection)/dexamethasone, or with Sarclisa® (isatuximab-irfc intravenous infusion)/dexamethasone in patients who have received one to three lines of previous therapy.
- for relapsed or refractory disease, as a single agent in those who have received one or more lines of therapy.

Guidelines

Kyprolis is discussed in guidelines from the National Comprehensive Cancer Network (NCCN).[2]

- **Multiple Myeloma:** The NCCN guidelines (version 3.2024 – March 8, 2024) recommend multiple therapeutic regimens that may be used for primary therapy and previously treated multiple myeloma.[3] For transplant candidates, Kyprolis/lenalidomide/dexamethasone is recommended as a "Preferred" regimen for primary treatment (category 2A), and Kyprolis/cyclophosphamide/dexamethasone is among the regimens that are useful in certain circumstances (category 2A). Additionally, Kyprolis/Darzalex/lenalidomide/dexamethasone (category 2A) is listed as useful in certain circumstances as primary therapy for transplant candidates. Kyprolis/lenalidomide is recommended as maintenance therapy under "Useful in Certain Circumstances" (category 2A). For previously treated multiple myeloma, Kyprolis/lenalidomide/dexamethasone is listed under "Other Recommended Regimens" (category 2A) for primary therapy in non-transplant candidates. In this setting, Kyprolis/cyclophosphamide/dexamethasone is recommended under "Useful in Certain Circumstances" (category 2A). Multiple "Preferred" regimens are listed for relapsed/refractory disease (after 1 to 3 prior therapies), including Kyprolis/lenalidomide/dexamethasone, Kyprolis/Sarclisa/dexamethasone, and Kyprolis/Darzalex/dexamethasone (all category 1). Kyprolis/Pomalyst® (pomalidomide capsules)/dexamethasone is also recommended in this setting (category 2A). Additionally, there are multiple Kyprolis-containing regimens recommended as "Other Recommended Regimens" or "Useful in Certain Circumstances" for relapsed/refractory disease.
- **Systemic Light Chain Amyloidosis:** The NCCN guidelines (version 2.2024 – December 12, 2023) recommend Kyprolis + dexamethasone (category 2A) under "Other Recommended Regimens" for primary therapy in patients with significant neuropathy.[6] The guidelines also list Kyprolis ± dexamethasone as a therapy for previously treated disease, for patients with non-cardiac amyloidosis. Of note, cardiac toxicity and hypertension are among the Warnings listed for Kyprolis.[1]
- **Waldenstrom's Macroglobulinemia/Lymphoplasmacytic Lymphoma:** In NCCN guidelines (version 2.2024 – December 5, 2023), Kyprolis/rituximab/dexamethasone (category 2A) is listed among "Other Recommended Regimens" for primary treatment of Waldenstrom's Macroglobulinemia/lymphoplasmacytic lymphoma.[4]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Kyprolis. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Kyprolis as well as the monitoring required for adverse events and long-term efficacy, approval requires Kyprolis to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Kyprolis is recommended in those who meet one of the following criteria:

FDA-Approved Indication

1. **Multiple Myeloma**. Approve for 1 year if the patient meets ALL of the following (A, B, and C):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient meets ONE of the following (i or ii):
     - **i.** Kyprolis will be used in combination with lenalidomide or cyclophosphamide and dexamethasone; OR
     - **ii.** Patient has tried at least ONE prior regimen for multiple myeloma; AND
       Note: Examples include bortezomib, lenalidomide, cyclophosphamide, Darzalex (daratumumab intravenous infusion), Ninlaro (ixazomib capsules).
   - **C)** The medication is prescribed by or in consultation with an oncologist or a hematologist.

Other Uses with Supportive Evidence

2. **Systemic Light Chain Amyloidosis.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient meets ONE of the following (i or ii):
     - **i.** The medication will be used in combination with dexamethasone for newly diagnosed disease; OR
     - **ii.** The patient meets BOTH of the following (a and b):
       - **a)** The patient has non-cardiac amyloidosis; AND
       - **b)** Patient has received at least one other regimen for this condition; AND
         Note: Examples of agents used in other regimens include bortezomib, lenalidomide, cyclophosphamide, and melphalan.
   - **C)** The medication is prescribed by or in consultation with an oncologist or a hematologist.

3. **Waldenstrom's Macroglobulinemia/Lymphoplasmacytic Lymphoma.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** The medication will be used in combination with a rituximab product and dexamethasone; AND
   - **C)** The medication is prescribed by or in consultation with an oncologist or a hematologist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Kyprolis is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Kyprolis® intravenous infusion [prescribing information]. Onyx/Amgen: Thousand Oaks, CA; June 2022.
2. The NCCN Drugs and Biologics Compendium. © 2024 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on April 17, 2024. Search term: carfilzomib.
3. The NCCN Multiple Myeloma Clinical Practice Guidelines in Oncology (version 3.2024 – March 8, 2024). © 2024 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on April 17, 2024.
4. The NCCN Waldenstrom's Macroglobulinemia/Lymphoplasmacytic Lymphoma Clinical Practice Guidelines in Oncology (version 2.2024 – December 5, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on April 18, 2024.
5. Treon SP, Tripsas CK, Meid K, et al. Carfilzomib, rituximab, and dexamethasone (CaRD) treatment offers a neuropathy-sparing approach for treating Waldenström's macroglobulinemia. *Blood*. 2014;124(4):503-510.
6. The NCCN Systemic Light Chain Amyloidosis Clinical Practice Guidelines in Oncology (version 2.2024 – December 12, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on April 17, 2024.