

Federal Employee Program.

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5.21.024

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Section:	Prescription Drugs	Effective Date:	April 1, 2025
Subsection:	Antineoplastic Agents	Original Policy Date:	October 24, 2012

Kyprolis

Description

Kyprolis (carfilzomib)

Background

Kyprolis (carfilzomib) is an antineoplastic agent for the treatment of multiple myeloma. Kyprolis works by inhibiting proteasome activity in blood and tissue, thereby delaying tumor growth of multiple myeloma, hematologic, and solid tumors (1).

Regulatory Status

FDA-approved indications: Kyprolis (carfilzomib) is a proteasome inhibitor indicated: (1-2)

- 1. For the treatment of adult patients with relapsed or refractory multiple myeloma who have received one to three lines of therapy in combination with:
 - a. Lenalidomide and dexamethasone; or
 - b. Dexamethasone; or
 - c. Daratumumab and dexamethasone; or
 - d. Daratumumab and hyaluronidase-fihj and dexamethasone, or
 - e. Isatuximab-irfc and dexamethasone
- 2. As a single agent for the treatment of patients with relapsed or refractory multiple myeloma who have received one or more lines of therapy

Cardiac adverse reactions, including heart failure and ischemia, have occurred following administration of Kyprolis. Death due to cardiac arrest has occurred within a day of Kyprolis administration. Monitor for cardiac complications and manage promptly. Venous thromboembolic events (including deep venous thrombosis and pulmonary embolism) have been observed with Kyprolis. Thromboprophylaxis is recommended for patients being treated

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with Kyprolis in combination with lenalidomide and dexamethasone; with dexamethasone; or with daratumumab and dexamethasone. Kyprolis in combination with melphalan and prednisone is not indicated for transplant-ineligible patients with newly diagnosed multiple myeloma (1).

Kyprolis should be withheld or interrupted in patients with the following conditions, until the condition has been resolved or returned to baseline: (1)

- 1. Pulmonary arterial hypertension (PAH)
- 2. Pulmonary Toxicity, including Acute Respiratory Distress Syndrome, Acute Respiratory Failure, and Acute Diffuse Infiltrative Pulmonary Disease
- 3. Hypertension Including Hypertensive Crisis
- 4. Hemorrhage
- 5. Cardiac failure
- 6. Ischemia
- 7. Dyspnea
- 8. Tumor lysis syndrome (TLS)
- 9. Neutropenia
- 10. Thrombocytopenia
- 11. Hepatic toxicity and hepatic failure
- 12. Thrombotic Microangiopathy
- 13. Posterior Reversible Encephalopathy Syndrome (PRES)
- 14. Progressive Multifocal Leukoencephalopathy (PML)
- 15. Renal toxicity

Off-Label Use: (2)

The National Comprehensive Cancer Network (NCCN) Guidelines supports the off-label use of Kyprolis in the treatment of:

 Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma as a neuropathysparing treatment option. Kyprolis must be used in combination with rituximab and dexamethasone (CaRD) regimen as primary therapy, or for relapse if previously used as primary therapy that was well tolerated and elicited a prolonged response.

Infusion-related reactions can occur immediately following or up to 24 hours after administration of Kyprolis. Dexamethasone should be administered prior to Kyprolis to reduce the incidence and severity of infusion-related reactions. Prior to receiving Kyprolis, patients must be well hydrated to reduce the risk of renal toxicity and of tumor lysis syndrome (TLS) (1).

Kyprolis can cause fetal harm. Female patients of reproductive potential should be advised to use effective contraception during treatment with Kyprolis and for at least 6 months following the

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final dose. Male patients with female partners of reproductive potential should be advised to use effective contraception during treatment with Kyprolis and for 3 months following the final dose (1).

The safety and effectiveness of Kyprolis have not been established in pediatric patients (1).

Related policies

Ninlaro, Velcade

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Kyprolis may be considered **medically necessary** if the conditions indicated below are met.

Kyprolis may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Relapsed or refractory multiple myeloma (MM)

AND ONE of the following:

- a. Patient has received one to three lines of multiple myeloma therapy **AND** used in combination with **ONE** of the following:
 - a. Dexamethasone
 - b. Lenalidomide plus dexamethasone
 - c. Daratumumab plus dexamethasone
 - d. Daratumumab and hyaluronidase-fihj plus dexamethasone
 - e. Isatuximab-irfc plus dexamethasone
 - b. Patient has received one or more lines of multiple myeloma therapy
 - a. Used as a single agent

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Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma
a. Used in combination with rituximab and dexamethasone

AND ALL of the following for **ALL** indications:

- Female patients of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Kyprolis and for 6 months after the final dose
- Male patients with female partners of reproductive potential only: patient will be advised to use effective contraception during treatment with Kyprolis and for 3 months after the final dose

Prior – Approval Renewal Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Relapsed or refractory multiple myeloma (MM)

AND ONE of the following:

- a. Used in combination with **ONE** of the following:
 - a. Dexamethasone
 - b. Lenalidomide plus dexamethasone
 - c. Daratumumab plus dexamethasone
 - d. Daratumumab and hyaluronidase-fihj plus dexamethasone
 - e. Isatuximab-irfc plus dexamethasone
- b. Used as a single agent
- 2. Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma
 - a. Used in combination with rituximab and dexamethasone

AND ALL of the following for ALL indications:

- a. Patient must NOT have any disease progression or unacceptable toxicity
- Female patients of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Kyprolis and for 6 months after the final dose

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c. Male patients with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Kyprolis and for 3 months after the final dose

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 12 months

Prior – Approval Renewal Limits

Same as above

Rationale

Summary

Kyprolis (carfilzomib) is an antineoplastic agent for the treatment of multiple myeloma. Kyprolis works by inhibiting proteasome activity in blood and tissue, thereby delaying tumor growth of multiple myeloma, hematologic, and solid tumors. Kyprolis has warnings for cardiac toxicities, acute renal failure, tumor lysis syndrome, pulmonary toxicity, hypertension, venous thrombosis, infusion-related reactions, hemorrhage, thrombocytopenia, hepatic toxicity and hepatic failure, thrombotic microangiopathy, posterior reversible encephalopathy syndrome, progressive multifocal leukoencephalopathy and embryo-fetal toxicity. The safety and effectiveness of Kyprolis have not been established in pediatric patients (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Kyprolis while maintaining optimal therapeutic outcomes.

References

- 1. Kyprolis [package insert]. Thousand Oaks, CA: Onyx Pharmaceuticals, Inc.; June 2022.
- 2. Sarclisa [package insert]. Bridgewater, NJ: Sanofi-aventis U.S. LLC; November 2023.
- 3. NCCN Drugs & Biologics Compendium[®] Carfilzomib 2025. National Comprehensive Cancer Network, Inc. Accessed on January 13, 2025.
- NCCN Clinical Practice Guidelines in Oncology® Multiple Myeloma (Version 1.2025). National Comprehensive Cancer Network, Inc. September 2024. Accessed on January 13, 2025.

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Policy History		
Date	Action	
October 2012 December 2012 March 2014 June 2015 January 2016	lew addition annual editorial review and update annual review annual editorial review and reference update addition of use in combination with dexamethasone or with lenalidomide addition of use in combination with dexamethasone or with lenalidomide alus dexamethasone in patient who have received one prior multiple hyeloma therapy or as a single agent in patients who have received one rior multiple myeloma therapy and a new indication of Waldenstrom's macroglobulinemia/lymphoplasmacytic lymphoma when used in ombination with rituximab and dexamethasone. Removal of the requirement of patients who have received at least two rior therapies including Velcade (bortezomib) and an immunomodulator gent and have demonstrated disease progression on or within 60 days of ompletion of the last therapy	
June 2016 September 2016 June 2017 June 2018	Policy changed from 5.04.24 to 5.21.24 Annual editorial review and reference update Annual review Annual review and reference update Annual review and reference update Update of criteria to match verbiage in package insert for the diagnosis of multiple myeloma	
June 2019 June 2020 September 2020	Annual review and reference update Annual review and reference update Addition of indication: relapsed or refractory multiple myeloma in combination with daratumumab and dexamethasone in patients who have received one to three lines of therapy	
December 2020 April 2021 June 2021	Annual review Addition of regimen: used in combination with isatuximab-irfc plus dexamethasone. Added contraception requirements for female and male patients. Revised renewal requirement to exclude patients with unacceptable toxicity. Annual editorial review	
December 2021	Addition of regimen: used in combination with daratumumab and hyaluronidase-fihj plus dexamethasone	

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March 2022	Annual review and reference update		
June 2023	Annual review and reference update		
June 2024	Annual review and reference update		
March 2025	Annual review and reference update		
Keywords			

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 7, 2025 and is effective on April 1, 2025.