BlueCross BlueShield of North Carolina

An independent licensee of the Blue Cross and Blue Shield Association

Corporate Medical Policy

Carfilzomib (Kyprolis®)

File Name:	carfilzomib_kyprolis
Origination:	8/2016
Last CAP Review:	4/2019
Next CAP Review:	4/2020
Last Review:	4/2019

Description of Procedure or Service

Kyprolis® (carfilzomib) is a proteasome inhibitor used in the primary treatment of multiple myeloma and in relapsed or refractory disease. Kyprolis® is approved for use in combination with dexamethasone or with lenalidomide plus dexamethasone, which are other medicines used to treat multiple myeloma, and for use alone to treat relapsed or refractory multiple myeloma.

******Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.***

Policy

BCBSNC will provide coverage for Carfilzomib (Kyprolis®) when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Carfilzomib (Kyprolis®) is covered

Carfilzomib (Kyprolis®) is considered medically necessary for the treatment of:

Multiple myeloma, as primary therapy:

- In transplant candidates, in combination with lenalidomide and dexamethasone; or
- In non-transplant candidates, in combination with lenalidomide and dexamethasone or cyclophosphamide and dexamethasone.

Multiple myeloma, for relapsed or refractory disease:

- In combination with dexamethasone or with lenalidomide plus dexamethasone, in patients who have received one to three lines of therapy; or
- As a single agent in patients who have received one or more lines of therapy; or
- In combination with panobinostat when the patient has received at least two prior regimens that have included bortezomib and an immunomodulatory agent.

Use of Carfilzomib (Kyprolis®) may be considered medically necessary for clinical indications not listed above when the drug is prescribed for the treatment of cancer either:

- In accordance with FDA label (when clinical benefit has been established, see Policy Guidelines); **OR**

- In accordance with specific strong endorsement or support by nationally recognized compendia, when such recommendation is based on strong/high levels of evidence, and/or uniform consensus of clinical appropriateness has been reached.

When Carfilzomib (Kyprolis®) is not covered

Carfilzomib (Kyprolis®) is considered not medically necessary and therefore not covered when above criteria are not met.

Carfilzomib (Kyprolis®) is considered investigational when used for:

1. Non-cancer indications; **OR**

2. When criteria are not met regarding FDA labeling **OR** strong endorsement/support by nationally recognized compendia, as stated under "When Carfilzomib (Kyprolis®) is covered."

Policy Guidelines

Premedicate Kyprolis infusions with dexamethasone prior to all Cycle 1 doses and if infusion reaction symptoms develop or reappear.

Administer the 20/56 mg/m^2 and 20/70 mg/m^2 regimens by 30-minute intravenous infusion and the 20/27 mg/m^2 regimen by 10-minute intravenous infusion.

Drugs prescribed for treatment of cancer in accordance with FDA label may be considered medically necessary when clinical benefit has been established, and should not be determined to be investigational as defined in Corporate Medical Policy (CMP), "Investigational (Experimental) Services."

Please refer to CMP "Investigational (Experimental) Services" for a summary of evidence standards from nationally recognized compendia.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: J9047, S0353, S0354

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

U.S. Food and Drug Administration (FDA). Available at:
http://www.accessdata.fda.gov/drugsatfda_docs/label/2016/202714s010lbl.pdf

Jakubowiak et al. Blood. 2012 Aug 30; 120(9):1801-9. Phase I/II trial, significant and durable responses with 24m PFS 92%.

Dytfeld D et al. Haematologica 2014;99:e162-164.
Updated follow up of small elderly subset, deep and durable responses, 3 year PFS 79.6% and 3 year OS 100%.

Korde et al. JAMA Oncol 2015 Sept; 1(6):746-54. Small study, high rates of complete or near complete response, well tolerated.

Sonneveld P et al. Blood 2015 Jan 15; 125(3):449-56.

Medical Director review 8/2016

Medical Director review 3/2017

Specialty Matched Consultant Advisory Panel 4/2017

Specialty Matched Consultant Advisory Panel 4/2018

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology. Multiple Myeloma, Version 4.2018 - February 12, 2018. Available online at: https://www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf. Accessed June 2018.

Medical Director review 6/2018

Specialty Matched Consultant Advisory Panel 4/2019

Policy Implementation/Update Information

12/30/16 New medical policy developed. "Carfilzomib® (Kyprolis) is considered medically necessary for the treatment of patients with relapsed or refractory multiple myeloma. References added. Medical Director review 8/2016. Added HCPCS codes S0353, S0354 to the Billing/Coding section. Notification given 12/30/16 for effective date 4/1/17. (lpr)

5/26/17 Added the following statement to "When Covered" section: "Use of Carfilzomib (Kyprolis) may be considered medically necessary for clinical indications not listed above when the drug is prescribed for the treatment of cancer either: In accordance with FDA label (when clinical benefit has been established, see Policy Guidelines); OR In accordance with specific strong endorsement or support by nationally recognized compendia, when such recommendation is based on strong/high levels of evidence, and/or uniform consensus of clinical appropriateness has been reached". Under "When Not Covered" section, added the statement "Carfilzomib (Kyprolis) is considered investigational when used for: 1)Non-cancer indications; **OR** 2) When criteria are not met regarding FDA labeling **OR** strong endorsement/ support by nationally recognized compendia, as stated under "When Carfilzomib (Kyprolis) is covered." Added the following statements under "Policy Guidelines" section: 1)Drugs prescribed for treatment of cancer in accordance with FDA label may be considered medically necessary when clinical benefit has been established, and should not be determined to be investigational as defined in Corporate Medical Policy, Investigational (Experimental) Services." 2) Please refer to CMP "Investigational (Experimental) Services" for a summary of evidence standards from nationally recognized compendia. Medical director review 3/2017. Specialty Matched Consultant Advisory Panel review 4/26/2017. No change to policy statement. (lpr)

7/13/18 Specialty Matched Consultant Advisory Panel review 4/25/2018. Updated "When Covered" section to provide further organization and added the following statement regarding primary therapy for multiple myeloma: "In non-transplant candidates, in combination with lenalidomide and dexamethasone or cyclophosphamide and dexamethasone." References added. Medical Director review 6/2018. (krc)

4/30/19 Minor update made to dosing in "Policy Guidelines" section for clarity. Specialty Matched Consultant Advisory Panel review 4/17/2019. No change to policy intent. (krc)