Gold Coast Health Plan (GCHP) Medi-Cal Clinical Guidelines
Carfizomib (Kyprolis™)

<table>
<tr><th>PA Criteria</th><th>Criteria Details</th></tr>
<tr><td>Covered Uses (FDA approved indication)</td><td>

For the treatment of adult patients with relapsed or refractory multiple myeloma who have received one to three lines of therapy in combination with

Lenalidomide and dexamethasone; or
Dexamethasone; or
Daratumumab and dexamethasone; or
Daratumumab and hyaluronidase-fihj and dexamethasone; or

As a single agent for the treatment of patients with relapsed or refractory multiple myeloma who have received one or more lines of therapy.

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<tr><td>Exclusion Criteria</td><td>None</td></tr>
<tr><td>Required Medical Information</td><td>Clinical notes confirming the diagnosis and failure of ≥1 prior therapy.</td></tr>
<tr><td>Age Restriction</td><td>18 years and older. 18 to 21 years of age – check CCS eligibility</td></tr>
<tr><td>Prescriber Restrictions</td><td>Oncologist or hematologist</td></tr>
<tr><td>Coverage Duration</td><td>Initial: 3 months; Renewal: 6 months</td></tr>
<tr><td>Other Criteria/Information</td><td>Criteria adapted from DHCS Jan. 2026
<table>
<tr><th>HCPCS</th><th>Description</th><th>Dosing, Units</th></tr>
<tr><td>J9047</td><td>Injection, carfilzomib, 1 mg.

Available in 10mg, 30mg, or 60mg single dose vial</td><td>
<table>
<tr><th>Regimen</th><th>Dosage</th><th>Infusion Time</th></tr>
<tr><td>Kyprolis and Dexamethasone (Kd) or Kyprolis, Daratumumab and Dexamethasone (DKd) or Kyprolis, Daratumumab and hyaluronidase-fihj and Dexamethasone (DKd)</td><td>20/70 mg/m^2 once weekly</td><td>30 minutes</td></tr>
<tr><td>Kyprolis and Dexamethasone (Kd) or Kyprolis, Daratumumab and Dexamethasone (DKd) or Kyprolis, Daratumumab and hyaluronidase-fihj and Dexamethasone (DKd) or Kyprolis, Isatuximab and Dexamethasone (Isa-Kd) or Kyprolis Monotherapy</td><td>20/56 mg/m^2 twice weekly</td><td>30 minutes</td></tr>
<tr><td>Kyprolis, Lenalidomide and Dexamethasone (KRd) or Kyprolis Monotherapy</td><td>20/27 mg/m^2 twice weekly</td><td>10 minutes</td></tr>
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	Jan. 30, 2026	N/A	Yoonhee Kim, Senior Clinical Pharmacist	N/A