



MEDICARE FORM

Kyprolis (carfilzomib) Medication Precertification Request

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(All fields must be completed and legible for precertification review.)

For Michigan MMP:

FAX: 1-844-241-2495

PHONE: 1-855-676-5772

For other lines of business:

Please use other form.

**Note: Kyprolis is non-preferred.
Bortezomib and Velcade are preferred.**

Patient First Name	Patient Last Name	Patient Phone	Patient DOB
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G. CLINICAL INFORMATION (continued) – Required clinical information must be completed in its entirety for all precertification requests.

Multiple myeloma

Please indicate the prescribed regimen:

- The requested medication in combination with dexamethasone
↳ Yes No Is the patient's disease relapsed or progressive?
- The requested medication in combination with cyclophosphamide and dexamethasone
- The requested medication in combination with lenalidomide and dexamethasone
- The requested medication in combination with daratumumab, lenalidomide and dexamethasone
- The requested medication in combination with daratumumab and dexamethasone
↳ Yes No Is the patient's disease relapsed or progressive?
- The requested medication in combination with daratumumab and hyaluronidase-fihj and dexamethasone
↳ Yes No Is the patient's disease relapsed or progressive?
- The requested medication in combination with panobinostat
↳ Yes No Has the patient received at least two prior therapies including bortezomib and an immunomodulatory agent (e.g., Revlimid)?
- The requested medication in combination with pomalidomide and dexamethasone
↳ Yes No Has the patient received at least two prior therapies including a proteasome inhibitor (PI) (e.g., Velcade) and an immunomodulatory agent (e.g., Revlimid)?
- The requested medication in combination with cyclophosphamide, thalidomide, and dexamethasone
↳ Yes No Is the patient's disease relapsed or progressive?
- The requested medication in combination with isatuximab-irfc and dexamethasone
↳ Yes No Is the patient's disease relapsed or progressive?
- The requested medication in combination with selinexor and dexamethasone
↳ Yes No Is the patient's disease relapsed or progressive?
- The requested medication as a single agent
↳ Yes No Has the patient received at least one prior therapy?

Systemic light chain amyloidosis

Waldenstrom macroglobulinemia/lymphoplasmacytic lymphoma

For Continuation Requests (clinical documentation required for all requests):

- Yes No Has the patient experienced unacceptable toxicity or disease progression while on the current regimen?

H. ACKNOWLEDGEMENT

Request Completed By (Signature Required): _____ **Date:** ____ / ____ / ____

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

The plan may request additional information or clarification, if needed, to evaluate requests.