

## Kyprolis® (carfilzomib) (Intravenous)

Document Number: IC-0157

Last Review Date: 03/02/2023

Date of Origin: 02/07/2013

Dates Reviewed: 12/2013, 02/2014, 06/2014, 09/2014, 12/2014, 05/2015, 08/2015, 11/2015, 02/2016, 05/2016, 08/2016, 11/2016, 02/2017, 05/2017, 08/2017, 11/2017, 02/2018, 05/2018, 09/2018, 12/2018, 03/2019, 06/2019, 09/2019, 12/2019, 03/2020, 06/2020, 09/2020, 12/2020, 03/2021, 06/2021, 09/2021, 12/2021, 03/2022, 06/2022, 09/2022, 12/2022, 03/2023

### I. Length of Authorization <sup>1,5,21,27,32,36</sup>

Coverage will be provided for 6 months and may be renewed (unless otherwise specified).

#### Multiple Myeloma

- Combination therapy with lenalidomide and dexamethasone is limited to eighteen (18) 28-day treatment cycles.
- Combination therapy with daratumumab, lenalidomide, and dexamethasone is limited to eight (8) 28-day treatment cycles.
- Combination therapy with lenalidomide as maintenance therapy is limited to a maximum of 2 years of treatment.

#### Waldenström's Macroglobulinemia/Lymphoplasmacytic Lymphoma

- Combination therapy with rituximab and dexamethasone (CaRD regimen) is limited to six (6) 21-day induction treatment cycles and eight (8) 56-day maintenance treatment cycles.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC Unit]:

- Kyprolis 10 mg single-dose vial: 2 vials per 28-day cycle
- Kyprolis 30 mg single-dose vial: 1 vial per 28-day cycle
- Kyprolis 60 mg single-dose vial: 12 vials per 28-day cycle

#### B. Max Units (per dose and over time) [HCP Unit]:

- **Multiple Myeloma**
  - 720 billable units (720 mg) every 28 days
- **Systemic Light Chain Amyloidosis**
  - 360 billable units (360 mg) every 28 days

- **Waldenström's Macroglobulinemia/Lymphoplasmacytic Lymphoma**
  - 320 billable units (320 mg) every 21 days

### III. Initial Approval Criteria <sup>1</sup>

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

#### **Multiple Myeloma † ‡ Φ 1,2,10,11,13-17,19,23,32**

- Used as primary therapy for symptomatic disease; **AND**
  - Used in combination with daratumumab, lenalidomide, and dexamethasone (*transplant candidates ONLY*); **OR**
  - Used in combination with lenalidomide and dexamethasone; **OR**
  - Used in combination with dexamethasone and cyclophosphamide; **OR**
- Used for disease relapse after 6 months following primary induction therapy with the same regimen; **AND**
  - Used in combination with lenalidomide and dexamethasone; **OR**
  - Used in combination with dexamethasone and cyclophosphamide; **OR**
- Used for late relapse or progressive disease (>3 prior therapies); **AND**
  - Used in combination with bendamustine and dexamethasone; **OR**
- Used for previously treated relapsed, progressive, or refractory disease; **AND**
  - Used as a single agent †; **OR**
  - Used in combination with one of the following regimens:
    - Dexamethasone with or without lenalidomide †
    - Dexamethasone and daratumumab †
    - Dexamethasone and daratumumab and hyaluronidase-fihj †
    - Dexamethasone and cyclophosphamide with or without thalidomide
    - Dexamethasone and isatuximab-irfc †
    - Dexamethasone and selinexor
    - Dexamethasone and pomalidomide; **OR**
- Used as maintenance therapy for symptomatic disease in transplant candidates; **AND**
  - Used in combination with lenalidomide; **AND**
    - Used after response to primary myeloma therapy; **OR**
    - Used for response or stable disease following an autologous hematopoietic cell transplant (HCT); **OR**
    - Used for response or stable disease following a tandem autologous or allogeneic HCT for high risk\* patients

*\*High-risk as defined by the Revised International Staging System for Multiple Myeloma is the presence of del(17p) and/or translocation t(4;14) and/or translocation t(14;16). This is not an all-inclusive list. Refer to the NCCN Multiple Myeloma Guidelines for additional risk factors.*

#### **Waldenström's Macroglobulinemia/Lymphoplasmacytic Lymphoma ‡<sup>2,5,18</sup>**

- Used in combination with rituximab and dexamethasone (CaRD regimen); **AND**
  - Used as primary therapy; **OR**
  - Used for relapsed disease; **AND**
    - CaRD regimen was previously used as primary therapy; **AND**
    - Patient had a prolonged response (i.e., 24 months) to CaRD therapy

#### **Systemic Light Chain Amyloidosis ‡<sup>2,30,31</sup>**

- Patient has relapsed or refractory non-cardiac disease; **AND**
  - Used as a single agent; **OR**
  - Used in combination with dexamethasone

† FDA Approved Indication(s); ‡ Compendia Approved Indication(s); ☐ Orphan Drug

## **IV. Renewal Criteria<sup>1,2</sup>**

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: cardiac toxicity (e.g., CHF, pulmonary edema, decreased ejection fraction, cardiomyopathy, myocardial ischemia, myocardial infarction, etc.), pulmonary toxicity (e.g., acute respiratory distress syndrome [ARDS], acute respiratory failure, etc.), pulmonary hypertension, dyspnea, severe infusion-related reactions, tumor lysis syndrome (TLS), thrombocytopenia, hepatic toxicity/failure, thrombotic microangiopathy (e.g., thrombotic thrombocytopenic purpura/hemolytic uremic syndrome [TTP/HUS], etc.), acute renal failure, severe hypertension, posterior reversible encephalopathy syndrome (PRES), venous thromboembolic events (e.g., deep venous thrombosis, pulmonary embolism, etc.), hemorrhage, progressive multifocal leukoencephalopathy (PML), etc.; **AND**

#### **Multiple Myeloma<sup>1,27,32,36</sup>**

- Combination therapy with lenalidomide and dexamethasone may be renewed up to a maximum of eighteen (18) 28-day treatment cycles.

- Combination therapy with daratumumab, lenalidomide, and dexamethasone may be renewed up to a maximum of eight (8) 28-day treatment cycles.
- Combination therapy with lenalidomide as maintenance therapy may be renewed up to a maximum of 2 years of therapy

### Waldenström's Macroglobulinemia/Lymphoplasmacytic Lymphoma <sup>5,21</sup>

- Combination therapy with rituximab and dexamethasone (CaRD regimen) may be renewed up to a maximum of six (6) 21-day induction treatment cycles and eight (8) 56-day maintenance treatment cycles.

## V. Dosage/Administration <sup>1,5,7,9,12,20-22,24-28,30,32-36</sup>

| Indication                                                                                                                | Dose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Multiple Myeloma (primary therapy OR disease relapse ≥6 months following primary induction therapy with the same regimen) | <p><u>Combination with daratumumab, lenalidomide and dexamethasone</u></p> <p>20/56 regimen:</p> <ul style="list-style-type: none"> <li>– Cycle 1: 20 mg/m<sup>2</sup> on day 1; if tolerated, increase to 56 mg/m<sup>2</sup> on days 8 and 15 of a 28-day treatment cycle</li> <li>– Cycles 2 through 8: 56 mg/m<sup>2</sup> on days 1, 8, and 15 of a 28-day treatment cycle</li> </ul> <p><u>Combination with lenalidomide and dexamethasone</u></p> <p>20/36 regimen:</p> <ul style="list-style-type: none"> <li>– Cycle 1: 20 mg/m<sup>2</sup> on days 1 and 2; if tolerated, increase to 36 mg/m<sup>2</sup> days 8, 9, 15, and 16 of a 28-day treatment cycle</li> <li>– Cycles 2 through 8: 36 mg/m<sup>2</sup> days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle</li> <li>– Cycles 9 through 18: 36 mg/m<sup>2</sup> days 1, 2, 15, and 16 of a 28-day treatment cycle</li> </ul> <p><u>Combination with cyclophosphamide and dexamethasone</u></p> <p>20/36 regimen:</p> <ul style="list-style-type: none"> <li>– Cycle 1: 20 mg/m<sup>2</sup> on days 1 and 2; if tolerated, increase to 36 mg/m<sup>2</sup> days 8, 9, 15, and 16 of a 28-day treatment cycle</li> <li>– Cycles 2 through 9: 36 mg/m<sup>2</sup> days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle</li> <li>– Cycle 10 and beyond: 36 mg/m<sup>2</sup> on days 1, 2, 15, and 16 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity</li> </ul> <p>20/70 regimen:</p> <ul style="list-style-type: none"> <li>– Cycle 1: 20 mg/m<sup>2</sup> on day 1; if tolerated, increase to 70 mg/m<sup>2</sup> days 8 and 15 of a 28-day treatment cycle</li> <li>– Cycles 2 through 9: 70 mg/m<sup>2</sup> days 1, 8, and 15 of a 28-day treatment cycle</li> <li>– Cycle 10 and beyond: 70 mg/m<sup>2</sup> on days 1 and 15 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity</li> </ul> |
| Multiple Myeloma (relapsed, progressive, or refractory disease)                                                           | <p><u>Single agent</u></p> <p>20/27 regimen:</p> <ul style="list-style-type: none"> <li>– Cycle 1: 20 mg/m<sup>2</sup> on days 1 and 2; if tolerated, increase to 27 mg/m<sup>2</sup> on days 8, 9, 15, and 16 of a 28-day treatment cycle</li> <li>– Cycles 2 through 12: 27 mg/m<sup>2</sup> on days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle</li> <li>– Cycle 13 and beyond: 27 mg/m<sup>2</sup> on days 1, 2, 15, and 16 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity</li> </ul> <p>20/56 regimen:</p> <ul style="list-style-type: none"> <li>– Cycle 1: 20 mg/m<sup>2</sup> on days 1 and 2; if tolerated, increase to 56 mg/m<sup>2</sup> on days 8, 9, 15, and 16 of a 28-day treatment cycle.</li> <li>– Cycles 2 through 12: 56 mg/m<sup>2</sup> on days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <ul style="list-style-type: none"> <li>– Cycle 13 and beyond: 56 mg/m<sup>2</sup> on days 1, 2, 15, and 16 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity</li> </ul> <p><u>Combination with lenalidomide and dexamethasone (KRd)</u></p> <p><b>20/27 regimen:</b></p> <ul style="list-style-type: none"> <li>– Cycle 1: 20 mg/m<sup>2</sup> on days 1 and 2; if tolerated, increase to 27 mg/m<sup>2</sup> on days 8, 9, 15, and 16 of a 28-day treatment cycle</li> <li>– Cycles 2 through 12: 27 mg/m<sup>2</sup> on days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle</li> <li>– Cycles 13 through 18: 27 mg/m<sup>2</sup> on days 1, 2, 15, and 16 of a 28-day treatment cycle; beginning with cycle 19, lenalidomide and dexamethasone may be continued (until disease progression or unacceptable toxicity) <b>without</b> carfilzomib</li> </ul> <p><u>Combination with dexamethasone (Kd)</u></p> <p><b>20/56 regimen:</b></p> <ul style="list-style-type: none"> <li>– Cycle 1: 20 mg/m<sup>2</sup> on days 1 and 2; if tolerated, increase to 56 mg/m<sup>2</sup> on days 8, 9, 15, and 16 of a 28-day treatment cycle</li> <li>– Cycle 2 and beyond: 56 mg/m<sup>2</sup> on days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity</li> </ul> <p><b>20/70 regimen:</b></p> <ul style="list-style-type: none"> <li>– Cycle 1: 20 mg/m<sup>2</sup> on day 1; if tolerated, increase to 70 mg/m<sup>2</sup> on day 8 and 15 of a 28-day treatment cycle</li> <li>– Cycle 2 and beyond: 70 mg/m<sup>2</sup> on days 1, 8, and 15 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity</li> </ul> <p><u>Combination with daratumumab (or daratumumab and hyaluronidase-fihj) and dexamethasone (DKd)</u></p> <p><b>20/56 regimen:</b></p> <ul style="list-style-type: none"> <li>– Cycle 1: 20 mg/m<sup>2</sup> on days 1 and 2; if tolerated, increase to 56 mg/m<sup>2</sup> on days 8, 9, 15 and 16 of a 28-day treatment cycle</li> <li>– Cycle 2 and beyond: 56 mg/m<sup>2</sup> on days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity</li> </ul> <p><b>20/70 regimen:</b></p> <ul style="list-style-type: none"> <li>– Cycle 1: 20 mg/m<sup>2</sup> on day 1; if tolerated, increase to 70 mg/m<sup>2</sup> on day 8 and 15 of a 28-day treatment cycle</li> <li>– Cycle 2 and beyond: 70 mg/m<sup>2</sup> on days 1, 8, and 15 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity</li> </ul> <p><u>Combination with cyclophosphamide, thalidomide, and dexamethasone</u></p> <p><b>20/36 regimen:</b></p> <ul style="list-style-type: none"> <li>– Cycle 1: 20 mg/m<sup>2</sup> on days 1 and 2; if tolerated, increase to 36 mg/m<sup>2</sup> days 8, 9, 15, and 16 of a 28-day treatment cycle</li> <li>– Cycle 2 and beyond: 36 mg/m<sup>2</sup> days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity</li> </ul> <p><u>Combination with cyclophosphamide and dexamethasone</u></p> <p><b>20/36 regimen:</b></p> <p><b>Induction</b></p> <ul style="list-style-type: none"> <li>– Cycle 1: 20 mg/m<sup>2</sup> on days 1 and 2; if tolerated, increase to 36 mg/m<sup>2</sup> days 8, 9, 15, and 16 of a 28-day treatment cycle</li> <li>– Cycles 2 through 6: 36 mg/m<sup>2</sup> days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle</li> </ul> <p><b>Maintenance</b></p> <ul style="list-style-type: none"> <li>– Cycles 7 through 12: 36 mg/m<sup>2</sup> on days 1, 2, 15, and 16 of a 28-day treatment cycle</li> <li>– Cycle 13 and beyond: 36 mg/m<sup>2</sup> on days 1 and 2 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity</li> </ul> <p><u>Combination with isatuximab-irfc and dexamethasone (Isa-Kd)</u></p> |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                            | <p><b>20/56 regimen:</b></p> <ul style="list-style-type: none"> <li>– Cycle 1: 20 mg/m<sup>2</sup> on days 1 and 2; if tolerated, increase to 56 mg/m<sup>2</sup> on days 8, 9, 15 and 16 of a 28-day treatment cycle</li> <li>– Cycle 2 and beyond: 56 mg/m<sup>2</sup> on days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity</li> </ul> <p><u>Combination with selinexor and dexamethasone</u></p> <p><b>20/56 regimen:</b></p> <ul style="list-style-type: none"> <li>– Cycle 1: 20 mg/m<sup>2</sup> on day 1; if tolerated, increase to 56 mg/m<sup>2</sup> on days 8 and 15 of a 28-day treatment cycle</li> <li>– Cycle 2 and beyond: 56 mg/m<sup>2</sup> on days 1, 8, and 15 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity</li> </ul> <p><u>Combination with pomalidomide and dexamethasone</u></p> <p><b>20/27 regimen:</b></p> <ul style="list-style-type: none"> <li>– Cycle 1: 20 mg/m<sup>2</sup> on days 1 and 2; if tolerated, increase to 27 mg/m<sup>2</sup> on days 8, 9, 15, and 16 of a 28-day treatment cycle</li> <li>– Cycles 2 through 6: 27 mg/m<sup>2</sup> on days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle</li> <li>– Cycle 7 and beyond: 27 mg/m<sup>2</sup> on days 1, 2, 15, and 16 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity</li> <li>– <b>NOTE:</b> If disease progression occurs while on maintenance dosing, resume full dosing of 27 mg/m<sup>2</sup> on days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle</li> </ul> <p><b>20/36 regimen:</b></p> <ul style="list-style-type: none"> <li>– Cycle 1: 20 mg/m<sup>2</sup> on days 1 and 2; if tolerated, increase to 36 mg/m<sup>2</sup> days 8, 9, 15, and 16 of a 28-day treatment cycle</li> <li>– Cycles 2 through 8: 36 mg/m<sup>2</sup> days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle</li> <li>– Cycle 9 and beyond: 36 mg/m<sup>2</sup> days 1, 2, 15, and 16 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity</li> </ul> |
| Multiple Myeloma (late relapse or progressive disease)                                                                                                                                                                                                                                                                                     | <p><u>Combination with bendamustine and dexamethasone</u></p> <p><b>20/27 regimen:</b></p> <ul style="list-style-type: none"> <li>– Cycle 1: 20 mg/m<sup>2</sup> on days 1 and 2; if tolerated, increase to 27 mg/m<sup>2</sup> on days 8, 9, 15, and 16 of a 28-day treatment cycle</li> <li>– Cycles 2 through 8: 27 mg/m<sup>2</sup> on days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle</li> <li>– Cycle 9 and beyond: 27 mg/m<sup>2</sup> on days 1, 2, 15, and 16 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Multiple Myeloma (maintenance therapy)                                                                                                                                                                                                                                                                                                     | <p><u>Combination with lenalidomide</u></p> <ul style="list-style-type: none"> <li>– 36 mg/m<sup>2</sup> days 1, 2, 15, and 16 of a 28-day treatment cycle for up to 2 years</li> <li>– <b>NOTE:</b> lenalidomide may be continued until disease progression or unacceptable toxicity <b>without</b> carfilzomib</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Waldenström's Macroglobulinemia/Lymphoplasmacytic Lymphoma                                                                                                                                                                                                                                                                                 | <p><u>CaRD regimen (carfilzomib, rituximab, dexamethasone)</u></p> <p><b>Induction</b></p> <ul style="list-style-type: none"> <li>– Cycle 1: 20 mg/m<sup>2</sup> on days 1, 2, 8 and 9 of a 21-day treatment cycle</li> <li>– Cycles 2 through 6: 36 mg/m<sup>2</sup> on days 1, 2, 8 and 9 of a 21-day treatment; begin maintenance 8 weeks later</li> </ul> <p><b>Maintenance</b></p> <ul style="list-style-type: none"> <li>– 36 mg/m<sup>2</sup> on days 1 and 2 every 8 weeks for 8 cycles</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Systemic Light Chain Amyloidosis                                                                                                                                                                                                                                                                                                           | <p><u>Single agent or combination with dexamethasone</u></p> <ul style="list-style-type: none"> <li>– Cycle 1: 20 mg/m<sup>2</sup> on day 1; if tolerated, increase to 27 mg/m<sup>2</sup> days 8 and 15 of a 28-day treatment cycle</li> <li>– Cycle 2 and beyond: up to 56 mg/m<sup>2</sup> days 1, 8, and 15 of a 28-day treatment cycle</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>Note:</b> For patients with body surface area (BSA) of 2.2 m<sup>2</sup> or less, calculate the Kyprolis dose using actual BSA. Dose adjustments do not need to be made for weight changes of 20% or less. For patients with a BSA greater than 2.2 m<sup>2</sup>, calculate the Kyprolis dose using a BSA of 2.2 m<sup>2</sup>.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

## VI. Billing Code/Availability Information

### HCP/PCS Code:

- J9047 – Injection, carfilzomib, 1 mg; 1mg = 1 billable unit

### NDC(s):

- Kyprolis 10 mg single-dose vial for injection: 76075-0103-xx
- Kyprolis 30 mg single-dose vial for injection: 76075-0102-xx
- Kyprolis 60 mg single-dose vial for injection: 76075-0101-xx

## VII. References

1. Kyprolis [package insert]. Thousand Oaks, CA; Onyx Pharmaceuticals, Inc.; June 2022. Accessed February 2023.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for Carfilzomib. National Comprehensive Cancer Network, 2023. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed February 2023.
3. BGM Durie, J-L Harousseau, J S Miguel, et al on behalf of the International Myeloma Working Group. International uniform response criteria for multiple myeloma. Leukemia. Sep; 20(9):1467-73.
4. Dimopoulos MA, Kastritis E, Owen RG, et al. Treatment recommendations for patients with Waldenström's macroglobulinemia (WM) and related disorders: IWWM-7 consensus. Blood. 2014; 124(9):1404–1411.
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. UpToDate. Hudson (OH): Lexicomp Inc.: Carfilzomib: Drug information. Topic 86042 Version 135.0, 2018 Accessed November 2018.
7. Shah JJ, Stadtmauer EA, Abonour R, et al. Carfilzomib, pomalidomide and dexamethasone for relapsed or refractory myeloma. Blood 2015; 126: 2284-2290.
8. Berdeja JG, Hart LL, Mace JR, et al. Phase I/II study of the combination of panobinostat and carfilzomib in patient s with relapsed/refractory multiple myeloma. Haematologica 2015; 100: 670-676.
9. Bringhen S, Petrucci MT, Larocca A, et al. Carfilzomib, cyclophosphamide, and dexamethasone in patients with newly diagnosed multiple myeloma: a multicenter, phase 2 study. Blood. 2014 Jul 3;124(1):63-9.
10. Moreau P, Mateos MV, Berenson JR, et al. Once weekly versus twice weekly carfilzomib dosing in patients with relapsed and refractory multiple myeloma (A.R.R.O.W.): interim analysis results of a randomised, phase 3 study. Lancet Oncol 2018;19(7):953-964.

11. Chari A, Martinez-Lopez J, Mateos MV, et al. Daratumumab plus carfilzomib and dexamethasone in patients with relapsed or refractory multiple myeloma. *Blood* 2019. Aug 1;134(5):421-431. doi: 10.1182/blood.2019000722. Epub 2019 May 21.
12. Mikhael JR, Reeder CB, Libby EN, et al. Phase Ib/II trial of CYKLONE (cyclophosphamide, carfilzomib, thalidomide and dexamethasone) for newly diagnosed myeloma. *Br J Haematol*. 2015 Apr; 169(2): 219–227. Published online 2015 Feb 13.
13. Stewart AK, Rajkumar SV, Dimopoulos MA, et al. Carfilzomib, lenalidomide, and dexamethasone for relapsed multiple myeloma. *N Engl J Med*. 2015 Jan 8;372(2):142-52. doi: 10.1056/NEJMoa1411321. Epub 2014 Dec 6.
14. Dimopoulos MA, Moreau P, Palumbo A, et al. Carfilzomib and dexamethasone versus bortezomib and dexamethasone for patients with relapsed or refractory multiple myeloma (ENDEAVOR): a randomised, phase 3, open-label, multicentre study. *Lancet Oncol*. 2016 Jan;17(1):27-38. doi: 10.1016/S1470-2045(15)00464-7. Epub 2015 Dec 5.
15. Papadopoulos KP, Siegel DS, Vesole DH, et al. Phase I study of 30-minute infusion of carfilzomib as single agent or in combination with low-dose dexamethasone in patients with relapsed and/or refractory multiple myeloma. *J Clin Oncol*. 2015 Mar 1;33(7):732-9. doi: 10.1200/JCO.2013.52.3522. Epub 2014 Sep 15.
16. Siegel DS, Martin T, Wang M, et al. A phase 2 study of single-agent carfilzomib (PX-171-003-A1) in patients with relapsed and refractory multiple myeloma. *Blood*. 2012 Oct 4;120(14):2817-25. doi: 10.1182/blood-2012-05-425934. Epub 2012 Jul 25.
17. Vij R, Wang M, Kaufman JL, et al. An open-label, single-arm, phase 2 (PX-171-004) study of single-agent carfilzomib in bortezomib-naïve patients with relapsed and/or refractory multiple myeloma. *Blood*. 2012 Jun 14;119(24):5661-70. doi: 10.1182/blood-2012-03-414359. Epub 2012 May 3.
18. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma, Version 1.2023. National Comprehensive Cancer Network, 2023. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed February 2023.
19. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Multiple Myeloma, Version 3.2023. National Comprehensive Cancer Network, 2023. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed February 2023.
20. Rosenbaum CA, Stephens LA, Kukreti V, et al. Phase 1/2 study of carfilzomib, pomalidomide, and dexamethasone (KPd) in patients (Pts) with relapsed/refractory multiple myeloma (RRMM): A Multiple Myeloma Research Consortium multicenter study.

DOI: 10.1200/JCO.2016.34.15\_suppl.8007 *Journal of Clinical Oncology* 34, no. 15\_suppl (May 20, 2016) 8007-8007.

21. Meid K, Dubeau T, Severns P, et al. Long-Term Follow-up of a Prospective Clinical Trial of Carfilzomib, Rituximab and Dexamethasone (CaRD) in Waldenstrom's Macroglobulinemia. *Blood* 2017; 130:2772-2772.
22. Yong K, Brown S, Hinsley S, et al. Carfilzomib, cyclophosphamide and dexamethasone is well tolerated in patients with relapsed/refractory multiple myeloma who have received one prior regimen. 2015; 126:1840.
23. Dimopoulos M, Quach H, Mateos MV, et al. Carfilzomib, dexamethasone, and daratumumab versus carfilzomib and dexamethasone for patients with relapsed or refractory multiple myeloma (CANDOR): results from a randomised, multicentre, open-label, phase 3 study. *Lancet*. 2020;396(10245):186-197.
24. Jakubowiak AJ, Dytfeld D, Griffith KA, et al. A phase 1/2 study of carfilzomib in combination with lenalidomide and low-dose dexamethasone as a frontline treatment for multiple myeloma. *Blood*. 2012 Aug 30;120(9):1801-9.
25. Korde N, Zingone A, Kwok M, et al. Phase II Clinical and Correlative Study of Carfilzomib, Lenalidomide, and Dexamethasone (CRd) in Newly Diagnosed Multiple Myeloma (MM) Patients. *Blood*. 2012 Nov 12;120(21):732.
26. Korde N, Zingone A, Kwok ML, et al. Phase II Clinical and Correlative Study Of Carfilzomib, Lenalidomide, and Dexamethasone Followed By Lenalidomide Extended Dosing (CRD-R) Induces High Rates Of MRD Negativity In Newly Diagnosed Multiple Myeloma (MM) Patients. *Blood*. 2013 Nov 15;122(21):538.
27. Zimmerman T, Raje NS, Reece D, et al. Final Results of a Phase 2 Trial of Extended Treatment (tx) with Carfilzomib (CFZ), Lenalidomide (LEN), and Dexamethasone (KRd) Plus Autologous Stem Cell Transplantation (ASCT) in Newly Diagnosed Multiple Myeloma (NDMM). *Blood*. 2016 Dec 2;128(22):675.
28. Yong K, Hinsley S, De Tute, RM, et al. Maintenance with Carfilzomib Following Carfilzomib, Cyclophosphamide and Dexamethasone at First Relapse or Primary Refractory Multiple Myeloma (MM) on the Phase 2 Muk Five Study: Effect on Minimal Residual Disease. *Blood*. 2018 Nov 29;132(1):802.
29. Moreau P, Dimopoulos MA, Yong K, et al. Isatuximab plus carfilzomib/dexamethasone versus carfilzomib/dexamethasone in patients with relapsed/refractory multiple myeloma: IKEMA Phase III study design. *Future Oncol*. 2020 Jan;16(2):4347-4358. doi: 10.2217/fon-2019-0431.
30. Manwani R, Mahmood S, Sachchithanantham S, et al. Carfilzomib is an effective upfront treatment in AL amyloidosis patients with peripheral and autonomic neuropathy. *Br J Haematol* 2019 Dec;187(5):638-641.doi: 10.1111/bjh.16122. Epub 2019 Aug 6.
31. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Systemic Light Chain Amyloidosis, Version 2.2023. National Comprehensive Cancer Network, 2023. NATIONAL COMPREHENSIVE CANCER

NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed February 2023.

32. Landren O, Hulcrantz M, Diamond B, et al. Safety and Effectiveness of Weekly Carfilzomib, Lenalidomide, Dexamethasone, and Daratumumab Combination Therapy for Patients With Newly Diagnosed Multiple Myeloma: The MANHATTAN Nonrandomized Clinical Trial. *JAMA Oncol.* 2021 Jun 1;7(6):862-868. doi: 10.1001/jamaoncol.2021.0611.
33. Bringhen S, D'Agostino M, De Paoli L, et al. Phase 1/2 study of weekly carfilzomib, cyclophosphamide, dexamethasone in newly diagnosed transplant-ineligible myeloma. *Leukemia.* 2018 Apr;32(4):979-985. doi: 10.1038/leu.2017.327.
34. Gasparetto C, Lipe B, Tuchman S, et al. Once weekly selinexor, carfilzomib, and dexamethasone (SKd) in patients with relapsed/refractory multiple myeloma (MM). DOI: 10.1200/JCO.2020.38.15\_suppl.8530 *Journal of Clinical Oncology* 38, no. 15\_suppl (May 20, 2020) 8530-8530.
35. Gay F, Günther A, Offidani M, et al. Carfilzomib, bendamustine, and dexamethasone in patients with advanced multiple myeloma: The EMN09 phase 1/2 study of the European Myeloma Network. *Cancer.* 2021 Sep 15;127(18):3413-3421. doi: 10.1002/cncr.33647
36. Gay F, Musto P, Scalabrini D, et al. Carfilzomib with cyclophosphamide and dexamethasone or lenalidomide and dexamethasone plus autologous transplantation or carfilzomib plus lenalidomide and dexamethasone, followed by maintenance with carfilzomib plus lenalidomide or lenalidomide alone for patients with newly diagnosed multiple myeloma (FORTE): a randomized, open-label, phase 2 trial. *Lancet Oncol.* 2021 Dec;22(12):1705-1720. doi: 10.1016/S1470-2045(21)00535-0. Epub 2021 Nov 11.
37. Moreau P, Dimopoulos MA, Mikhael J, et al.; IKEMA study group. Isatuximab, carfilzomib, and dexamethasone in relapsed multiple myeloma (IKEMA): a multicentre, open-label, randomised phase 3 trial. *Lancet.* 2021 Jun 19;397(10292):2361-2371. doi: 10.1016/S0140-6736(21)00592-4.

## Appendix 1 – Covered Diagnosis Codes

| ICD-10 | ICD-10 Description                                        |
|--------|-----------------------------------------------------------|
| C88.0  | Waldenström macroglobulinemia                             |
| C90.00 | Multiple myeloma not having achieved remission            |
| C90.02 | Multiple myeloma in relapse                               |
| C90.10 | Plasma cell leukemia not having achieved remission        |
| C90.12 | Plasma cell leukemia in relapse                           |
| C90.20 | Extramedullary plasmacytoma not having achieved remission |
| C90.22 | Extramedullary plasmacytoma in relapse                    |
| C90.30 | Solitary plasmacytoma not having achieved remission       |
| C90.32 | Solitary plasmacytoma in relapse                          |

| ICD-10 | ICD-10 Description                                                                           |
|--------|----------------------------------------------------------------------------------------------|
| E85.3  | Secondary systemic amyloidosis                                                               |
| E85.4  | Organ-limited amyloidosis                                                                    |
| E85.81 | Light chain (AL) amyloidosis                                                                 |
| E85.89 | Other amyloidosis                                                                            |
| E85.9  | Amyloidosis, unspecified                                                                     |
| Z85.79 | Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues |

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

| Medicare Part B Administrative Contractor (MAC) Jurisdictions |                                                                                             |                                                   |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------|
| Jurisdiction                                                  | Applicable State/US Territory                                                               | Contractor                                        |
| E (1)                                                         | CA, HI, NV, AS, GU, CNMI                                                                    | Noridian Healthcare Solutions, LLC                |
| F (2 & 3)                                                     | AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ                                                      | Noridian Healthcare Solutions, LLC                |
| 5                                                             | KS, NE, IA, MO                                                                              | Wisconsin Physicians Service Insurance Corp (WPS) |
| 6                                                             | MN, WI, IL                                                                                  | National Government Services, Inc. (NGS)          |
| H (4 & 7)                                                     | LA, AR, MS, TX, OK, CO, NM                                                                  | Novitas Solutions, Inc.                           |
| 8                                                             | MI, IN                                                                                      | Wisconsin Physicians Service Insurance Corp (WPS) |
| N (9)                                                         | FL, PR, VI                                                                                  | First Coast Service Options, Inc.                 |
| J (10)                                                        | TN, GA, AL                                                                                  | Palmetto GBA, LLC                                 |
| M (11)                                                        | NC, SC, WV, VA (excluding below)                                                            | Palmetto GBA, LLC                                 |
| L (12)                                                        | DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA) | Novitas Solutions, Inc.                           |
| K (13 & 14)                                                   | NY, CT, MA, RI, VT, ME, NH                                                                  | National Government Services, Inc. (NGS)          |
| 15                                                            | KY, OH                                                                                      | CGS Administrators, LLC                           |

## PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan (“PCHP”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist  
PreferredOne Community Health Plan  
PO Box 59052  
Minneapolis, MN 55459-0052  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, taiaajiila qarqaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂບດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፡ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው፡ 763.847.4013 ) .

ဟ်သ့ဟ်သး- နမၤကတိၤ ကသီၤ ကျိၣ်အယိၤ, နမၤန့ၣ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢၣ်ဘျဉ်လၢၣ်စၢၤ နီၣ်တမံၤဘၣ်သ့န့ၣ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013), 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

## PreferredOne Insurance Company Nondiscrimination Notice

PreferredOne Insurance Company ("PIC") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PIC:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist  
PreferredOne Insurance Company  
PO Box 59212  
Minneapolis, MN 55459-0212  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

បំពេញ: ប្រសិនបើ អ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ហៅ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፡ በነጻ ሊያገኙት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (ማስማት ለተሳናቸው: 763.847.4013) .

ဟံသာဝတီ: နမူနာတို့ ကညီ ကျိအသိ, နမူနာ ကျိအတိအကျတို့ တလက်ကွက်လက်စွာ နှိတ်မိသည့်သို့လိ။ ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ហៅ 1.800.940.5049 (TTY: 763.847.4013).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).