

PROVINCIAL FUNDING SUMMARY

Carfilzomib (Kyprolis) (with Lenalidomide) for Multiple Myeloma (pCODR 10067)

pERC Recommendation: Recommends

For further details, please see [pERC Final Recommendation](#)

Notification to Implement Issued by pCODR: July 7, 2016

This information is current as of December 1, 2019.

Note: Funding criteria as listed on the decision date. Please refer to the provincial drug programs for the most recent funding criteria and program eligibility.

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
BC	Funded	Apr 1, 2018	<p>A) Carfilzomib/Dexamethasone: For the treatment of multiple myeloma in patients who received at least one prior therapy. Physician may add cyclophosphamide to increase response.</p> <ul style="list-style-type: none"> • Life expectancy of greater than 3 months • A BC Cancer “Compassionate Access Program” request with appropriate clinical information for each patient must be approved prior to treatment. <p>B) Carfilzomib/Lenalidomide/Dexamethasone For the treatment of multiple myeloma in patients who received at least one prior therapy.</p> <ul style="list-style-type: none"> • Patients must be sensitive to lenalidomide and bortezomib or not previously exposed. • Life expectancy of greater than 3 months • A BC Cancer “Compassionate Access Program” request with appropriate clinical information for each patient must be approved prior to treatment Registration of the prescribing physician and patient with the RevAid Program (www.RevAid.ca)

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
AB	Funded	Oct 30, 2018	In combination with lenalidomide and dexamethasone for patients with multiple myeloma who have received at least one prior treatment. Patients must not have had disease progression during treatment with bortezomib or if previously treated with lenalidomide and dexamethasone patients must not have discontinued therapy because of adverse effects, disease progression during the first three months of treatment, or progression at any time during treatment if lenalidomide plus dexamethasone was their most recent treatment (this includes in the maintenance setting) . Treatment should be in patients with good performance status and who are deemed to have adequate renal function. Treatment with Carfilzomib should continue until disease progression or unacceptable toxicity , up to a maximum of 18 cycles. Patients have access to one triplet therapy - either daratumumab or carfilzomib triplet therapy. Existing patients who have received three or more lines of therapy, none of which was a triplet combination, and who otherwise meet criteria for these regimens, should have access to a triplet therapy.
SK	Funded	Aug 15, 2018	In combination with Lenalidomide and Dexamethasone (KRd regimen) for patients with multiple myeloma who have received at least one prior treatment. Notes: <ul style="list-style-type: none"> • Patients must not have had disease progression during treatment with Bortezomib or Lenalidomide. • Treatment should be in patients who have good performance status and are deemed to have adequate renal function. • Treatment with Carfilzomib should continue until disease progression or unacceptable toxicity, to a maximum of 18 cycles. • Re-treatment with Carfilzomib will not be permitted for patients whose disease relapsed after completing 18 cycles of the KRd regimen.
MB	Funded	Mar 9, 2018	Carfilzomib in combination with lenalidomide and dexamethasone (KRd regimen) for patients with multiple myeloma who received at least one prior treatment. Patients must not have had disease progression during treatment with bortezomib or lenalidomide. Treatment should be in patients who have good performance status and are deemed to have adequate renal function. Maximum number of cycles of carfilzomib is 18 cycles. Beginning cycle 19, patients receive lenalidomide and dexamethasone only.

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
ON	Funded	May 1, 2018	<p>Carfilzomib in combination with lenalidomide and dexamethasone for patients with multiple myeloma who have received at least 1 prior treatment. Patients must not have had disease progression during treatment with bortezomib or if previously treated with lenalidomide-dexamethasone must not have: (i) discontinued therapy because of adverse effects or (ii) disease progression during the first 3 months of treatment, or (iii) progression at any time during treatment if lenalidomide-dexamethasone was their most recent treatment. Treatment should be in patients who have good performance status and are deemed to have adequate renal function. Treatment with carfilzomib until disease progression or unacceptable toxicity, to a maximum of 18 cycles.</p>
NS	Funded	Oct 15, 2018	<p>In combination with lenalidamide and dexamethasone for patients with multiple myeloma who have received at least one prior treatment. Patients must be sensitive to lenalidomide and bortezomib or not previously exposed. If previously treated with lenalidamide patients must not have:</p> <ul style="list-style-type: none"> • Discontinued therapy because of adverse effects, or • Disease progression during the first 3 months of treatment, or • Progression at any time during treatment if lenalidamide and dexamethasone was their most recent treatment. <p>Treatment should be in patients who have a good performance status and are deemed to have adequate renal function. Treatment with carfilzomib should continue until disease progression or unacceptable toxicity to a maximum of 18 cycles.</p>
NB	Funded	Sept 27, 2018	<p>In combination with lenalidomide and dexamethasone for the treatment of patients with multiple myeloma who have received at least one prior treatment. Patients must not have had disease progression during treatment with bortezomib or lenalidomide. Treatment should be in patients who have a good performance status and adequate renal function. Treatment with carfilzomib should be discontinued upon disease progression, unacceptable toxicity, or a maximum of 18 cycles, whichever occurs first.</p>

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
NL	Funded	July 3, 2018	<p>In combination with lenalidomide and dexamethasone for patients with multiple myeloma who have received at least one prior treatment. Patients must not have had disease progression during treatment with bortezomib, or if previously treated with lenalidomide and dexamethasone patients must not have:</p> <ul style="list-style-type: none"> • Discontinued therapy because of adverse effects, or • Disease progression during the first 3 months of treatment, or • Progression at any time during treatment if lenalidomide and dexamethasone was their most recent treatment. <p>Maximum number of cycles of carfilzomib is 18 cycles. Beginning cycle 19, patients receive lenalidomide and dexamethasone only.</p>
PEI	Under provincial consideration		

Under provincial consideration means that the province is reviewing pCODR's recommendation. This may include the province working with the drug manufacturer to reach an agreement for a drug product that both parties can accept, in particular in cases where the pCODR Expert Review Committee has recommended that the drug be funded only on the condition of cost-effectiveness being improved to an acceptable level. This may occur before or after the pan-Canadian Pharmaceutical Alliance negotiations. Please contact the specific provincial drug program and/or cancer agency in your province for information about the status of a given drug product.