

PROVINCE OF NEW BRUNSWICK HEALTH SYSTEM BULLETIN		PS 2074
SECTION: Patient Services	TITLE: Carfilzomib (Kyprolis®) in combination with dexamethasone for relapsed multiple myeloma	
SUBJECT: Chemotherapy Funding		
RESPONSIBLE BRANCH: New Brunswick Cancer Network		

[Français](#)

Preamble

Carfilzomib (Kyprolis®) for intravenous infusion has been approved for addition to the New Brunswick Hospital Formulary in combination with dexamethasone for the treatment of multiple myeloma after one to three prior treatments. The formulary approval process by the Provincial Drugs and Therapeutics Committee includes recommendations by the New Brunswick Cancer Network (NBCN), the Provincial Oncology Formulary Advisory Committee which is advisory to NBCN and, the Canadian Agency for Drugs and Technologies in Health (CADTH) Expert Review Committee of the pan-Canadian Oncology Drug Review (pCODR). The pCODR is the national process for the review and assessment of oncology drugs, which considers the available information about new oncology drugs and/or indications, including clinical evidence, cost-effectiveness and patient perspectives.

Further information about the pCODR recommendation and supporting documentation can be obtained on the pCODR website

<https://www.cadth.ca/kyprolis-multiple-myeloma-relapsed-details>

Policy Statement

Carfilzomib (Kyprolis®) will be funded by the Department of Health (DH) when used according to the following criteria:

In combination with dexamethasone for the treatment of patients with relapsed multiple myeloma who have received one to three prior treatments. Patients must have a good performance status. Treatment with carfilzomib should be discontinued upon disease progression or unacceptable toxicity.

Regional Health Authorities (RHAs) will be reimbursed for carfilzomib costs associated with the treatment of eligible patients. **Reimbursement will occur on a 'mg per mg' basis.** The Eligibility Form must be completed and submitted to the Department of Health.

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Privacy/Security Statement:

While it is recognized that processes may differ between and within RHAs, it is essential that procedures and systems are in place to protect the privacy of personal health information. Refer to Health System Bulletin FN1006 for procedures on submitting budget amendment requests. DH will accept electronic submission of budget amendment requests via email at dhbars@gnb.ca. The following are recommended when emailing personal health information:

1. Email to be sent from a GNB managed device to another GNB managed device
2. Email to be sent only to a GNB email account
3. Do not put personal health information in the subject line
4. Mark the email as CONFIDENTIAL in the subject line
5. Double-check recipient's email address

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Eligibility Form: Carfilzomib (Kyprolis®) in combination with dexamethasone for relapsed multiple myeloma

1. Patient Initials (First/Middle/Last): _____

2. Date of Birth: _____ - _____ - _____
Day Month Year

3. NB Medicare Number: _____

4. Regional Health Authority: _____ Initial _____ Subsequent

Treatment Facility: _____ Initial _____ Subsequent

5. Attending Physician: _____

6. Eligibility Criteria - **Each** of the following criteria must be met:

- i. Patient is diagnosed with multiple myeloma Yes
- ii. Patient has received one to three prior treatments Yes
- iii. Patient will receive carfilzomib in combination with dexamethasone Yes
- iv. Patient has not been previously treated with carfilzomib triplet therapy Yes
- v. Patient has a good performance status Yes

Carfilzomib dosing regimen:

Cycle 1: carfilzomib 20 mg/m² IV on days 1 and 2 followed by 56 mg/m² IV on days 8, 9, 15 and 16
Cycles 2 and beyond: carfilzomib 56 mg/m² IV on days 1, 2, 8, 9, 15 and 16

Cycles repeat every 28 days. Treatment should be discontinued upon disease progression or unacceptable toxicity. Retreatment with carfilzomib is not funded.

7. Planned date of first dose: _____ - _____ - _____
Day Month Year

Prescribing Physician (Signature)

Date

Completed form and Budget Amendment Request to be submitted to Department of Health in a secure & confidential manner. **Reference: Hospital Services Bulletin PS 2074**

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