**INDICATIONS**

- **KYPROLIS®** is indicated in combination with dexamethasone or with lenalidomide plus dexamethasone for the treatment of patients with relapsed or refractory multiple myeloma who have received one to three lines of therapy.

- **KYPROLIS®** is indicated as a single agent for the treatment of patients with relapsed or refractory multiple myeloma who have received one or more lines of therapy.
RECOMMENDED DOSING FOR KYPROLIS IN COMBINATION WITH LENALIDOMIDE AND DEXAMETHASONE (KRd)

- In Cycle 1, the 20 mg/m² Priming Dose is used for Days 1 and 2 to evaluate tolerability to treatment with KYPROLIS.
- For the KRd regimen, the 20 mg/m² Priming Dose is administered as a 10-minute IV infusion.
- Target the Therapeutic Dose (27 mg/m²) of KYPROLIS starting on Day 8 if the Priming Dose (20 mg/m²) is tolerated on Days 1 and 2.
- Administer KYPROLIS (27 mg/m²) as a 10-minute IV infusion on 2 consecutive days each week for 3 weeks followed by a 12-day rest period as part of a 28-day treatment cycle.
- From Cycle 13, omit the Day 8 and 9 doses of KYPROLIS.
- Treatment may be continued until disease progression or unacceptable toxicity occurs.
- KYPROLIS should be discontinued after Cycle 18 when given in KRd combination.

Modify dosing based on toxicity during KYPROLIS treatment. Refer to the full Prescribing Information for recommended actions and dose modifications.

**27 mg/m² Therapeutic Dose**

*Target the Therapeutic Dose (27 mg/m²) of KYPROLIS starting on Day 8 if the Priming Dose (20 mg/m²) is tolerated on Days 1 and 2.

**10-Minute Intravenous Infusion**

**IMPORTANT SAFETY INFORMATION**

Cardiac Toxicities

- New onset or worsening of pre-existing cardiac failure (e.g., congestive heart failure, pulmonary edema, decreased ejection fraction), restrictive cardiomyopathy, myocardial ischemia, and myocardial infarction including fatalities have occurred following administration of KYPROLIS. Some events occurred in patients with normal baseline ventricular function. Death due to cardiac arrest has occurred within one day of KYPROLIS administration.
- Monitor patients for clinical signs or symptoms of cardiac failure or cardiac ischemia. Evaluate promptly if cardiac toxicity is suspected. Withhold KYPROLIS for Grade 3 or 4 cardiac adverse events until recovery, and consider whether to restart KYPROLIS at 1 dose level reduction based on a benefit/risk assessment.

Please see additional Important Safety Information on pages 10–11.
RECOMMENDED DOSING FOR KYPROLIS IN COMBINATION WITH DEXAMETHASONE (Kd)

- In Cycle 1, the 20 mg/m² Priming Dose is used for Days 1 and 2 to evaluate tolerability to treatment with KYPROLIS.
- For the Kd regimen, the 20 mg/m² Priming Dose is administered as a 30-minute IV infusion.
- Target the Therapeutic Dose (56 mg/m²) of KYPROLIS starting on Day 8 if the Priming Dose (20 mg/m²) is tolerated on Days 1 and 2.
- Administer KYPROLIS (56 mg/m²) as a 30-minute IV infusion on 2 consecutive days each week for 3 weeks followed by a 12-day rest period as part of a 28-day treatment cycle.
- Treatment may be continued until disease progression or unacceptable toxicity occurs.

Modify dosing based on toxicity during KYPROLIS treatment. Refer to the full Prescribing Information for recommended actions and dose modifications.

**56 mg/m² Therapeutic Dose**, *

*Target the Therapeutic Dose (56 mg/m²) of KYPROLIS starting on Day 8 if the Priming Dose (20 mg/m²) is tolerated on Days 1 and 2.

**30-Minute Intravenous Infusion**

**IMPORTANT SAFETY INFORMATION (cont’d)**

**Cardiac Toxicities**

- While adequate hydration is required prior to each dose in Cycle 1, monitor all patients for evidence of volume overload, especially patients at risk for cardiac failure. Adjust total fluid intake as clinically appropriate in patients with baseline cardiac failure or who are at risk for cardiac failure.

- Patients ≥ 75 years, the risk of cardiac failure is increased. Patients with New York Heart Association Class III and IV heart failure, recent myocardial infarction, conduction abnormalities, angina, or arrhythmias may be at greater risk for cardiac complications and should have a comprehensive medical assessment (including blood pressure and fluid management) prior to starting treatment with KYPROLIS and remain under close follow-up.

Please see additional Important Safety Information on pages 10–11.
RECOMMENDED DOSING FOR KYPROLIS MONOTHERAPY (K) AT THE THERAPEUTIC DOSE OF 27 mg/m²

- In Cycle 1, the 20 mg/m² Priming Dose is used for Days 1 and 2 to evaluate tolerability to treatment with KYPROLIS.
- For the 27 mg/m² monotherapy regimen, the 20 mg/m² Priming Dose is administered as a 10-minute IV infusion.
- Target the Therapeutic Dose (27 mg/m²) of KYPROLIS starting on Day 8 if the Priming Dose (20 mg/m²) is tolerated on Days 1 and 2.
- Administer KYPROLIS (27 mg/m²) as a 10-minute IV infusion on 2 consecutive days each week for 3 weeks followed by a 12-day rest period as part of a 28-day treatment cycle.
- From Cycle 13, omit the Day 8 and 9 doses of KYPROLIS.
- Treatment may be continued until disease progression or unacceptable toxicity occurs.

Modify dosing based on toxicity during KYPROLIS treatment. Refer to the full Prescribing Information for recommended actions and dose modifications.

IMPORTANT SAFETY INFORMATION

Acute Renal Failure
- Cases of acute renal failure and renal insufficiency adverse events (including renal failure) have occurred in patients receiving KYPROLIS. Acute renal failure was reported more frequently in patients with advanced relapsed and refractory multiple myeloma who received KYPROLIS monotherapy. Monitor renal function with regular measurement of the serum creatinine and/or estimated creatinine clearance. Reduce or withhold dose as appropriate.

Please see additional Important Safety Information on pages 10–11.
RECOMMENDED DOSING FOR KYPROLIS MONOTHERAPY (K) AT THE THERAPEUTIC DOSE OF 56 mg/m²

- In Cycle 1, the 20 mg/m² Priming Dose is used for Days 1 and 2 to evaluate tolerability to treatment with KYPROLIS.
- For the 56 mg/m² monotherapy regimen, the 20 mg/m² Priming Dose is administered as a 30-minute IV infusion.
- Target the Therapeutic Dose (56 mg/m²) of KYPROLIS starting on Day 8 if the Priming Dose (20 mg/m²) is tolerated on Days 1 and 2.
- Administer KYPROLIS (56 mg/m²) as a 30-minute IV infusion on 2 consecutive days each week for 3 weeks followed by a 12-day rest period as part of a 28-day treatment cycle.
- From Cycle 13, omit the Day 8 and 9 doses of KYPROLIS.
- Treatment may be continued until disease progression or unacceptable toxicity occurs.

Modify dosing based on toxicity during KYPROLIS treatment. Refer to the full Prescribing Information for recommended actions and dose modifications.

56 mg/m² Therapeutic Dose

![Diagram of dosing schedule]

- **PRIMING DOSE**
  - DAYS 1 AND 2 OF CYCLE 1
  - 20 mg/m²

- **THERAPEUTIC DOSE**
  - ALL SUBSEQUENT DOSES
  - 56 mg/m²

- **30-MINUTE INTRAVENOUS INFUSION**

- **CYCLE 1**
  - Days 1 and 2: 20 mg/m²
  - Days 8, 15, 16: 56 mg/m²
- **CYCLES 2-12**
  - Days 1 and 2: 20 mg/m²
  - Days 8, 15, 16: 56 mg/m²
- **CYCLES 13-ON**, until disease progression or unacceptable toxicity (dosing every other week)
  - Days 1 and 2: 20 mg/m²
  - Days 8, 15, 16: 56 mg/m²

**IMPORTANT SAFETY INFORMATION**

**Tumor Lysis Syndrome**

- Cases of Tumor Lysis Syndrome (TLS), including fatal outcomes, have occurred in patients receiving KYPROLIS. Patients with multiple myeloma and a high tumor burden should be considered at greater risk for TLS. Adequate hydration is required prior to each dose in Cycle 1, and in subsequent cycles as needed. Consider uric acid lowering drugs in patients at risk for TLS. Monitor for evidence of TLS during treatment and manage promptly. Withhold KYPROLIS until TLS is resolved.

Please see additional Important Safety Information on pages 10–11.
## Item Coding Information (HCPCS/CPT/ICD-10-CM/ICD-9-CM)

<table>
<thead>
<tr>
<th>Item</th>
<th>Coding Information</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>KYPROLIS</td>
<td>J9047, injection, carfilzomib, 1 mg</td>
<td>KYPROLIS is supplied in a single-use vial containing 60 mg of carfilzomib. Its NDC (in the 11-digit format) is 76075-0101-01.</td>
</tr>
<tr>
<td>Administration</td>
<td>96409, chemotherapy administration, intravenous push technique, single or initial substance/drug</td>
<td>KYPROLIS is administered as a 10-minute IV infusion at the priming dose of 20 mg/m² and at the therapeutic dose of 27 mg/m² (KRd or K).</td>
</tr>
<tr>
<td>Office visit</td>
<td>Relevant Evaluation and Management (E&amp;M) code* †</td>
<td>See payer guidelines.</td>
</tr>
</tbody>
</table>
| Diagnosis/Condition       | Appropriate diagnosis code(s) for patient condition: | **ICD-10-CM Example:** C90.02, multiple myeloma in relapse  
**ICD-9-CM Example:** 203.02, multiple myeloma, in relapse |

* Bill relevant E&M code only if a separately identifiable E&M service is performed. Document accordingly.  
† Some payers, including Medicare, will not allow a Level 1 office visit to be billed with an injection/infusion code for the same date of service, and only allow for other levels when Modifier 25 is billed.

The information provided in this Coding and Billing Information document is of a general nature and for informational purposes only and is not intended to be a comprehensive list nor instructive. Coding and coverage policies change periodically and often without warning. The responsibility to determine coverage and reimbursement parameters, and appropriate coding for a particular patient and/or procedure, is always the responsibility of the provider or physician. The information provided in this section should in no way be considered a guarantee of coverage or reimbursement for any product or service.

For assistance, contact Onyx Pharmaceuticals 360® at 1-855-ONYX-360 (1-855-669-9360)

## IMPORTANT SAFETY INFORMATION

**Pulmonary Toxicity**
- Acute Respiratory Distress Syndrome (ARDS), acute respiratory failure, and acute diffuse infiltrative pulmonary disease such as pneumonitis and interstitial lung disease have occurred in patients receiving KYPROLIS. Some events have been fatal. In the event of drug-induced pulmonary toxicity, discontinue KYPROLIS.

Please see additional Important Safety Information on pages 10–11.
**THE SAMPLE CMS 1500 FOR PHYSICIAN OFFICE — KYPROLIS AT 27 mg/m²**

**HEALTH INSURANCE CLAIM FORM**

**APPROVED BY NATIONAL UNION CLAIM COMMITTEE (NUCC) 2012**

**THE SAMPLE CMS 1500 FOR PHYSICIAN OFFICE — KYPROLIS AT 27 mg/m²**

**Physician Office Administration of KYPROLIS at the Therapeutic Dose of 27 mg/m²**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MEDICAID</td>
<td></td>
</tr>
<tr>
<td>2. PATIENT’S NAME (Last Name, First Name, Middle Initial)</td>
<td>Doe, John D</td>
</tr>
<tr>
<td>3. PATIENT’S ADDRESS (No. Street)</td>
<td>5555 Any Street</td>
</tr>
<tr>
<td>4. PATIENT’S RELATIONSHIP TO INSURED</td>
<td>Self, Spouse, Child</td>
</tr>
<tr>
<td>5. CITY</td>
<td>Anytown</td>
</tr>
<tr>
<td>6. STATE</td>
<td>AS</td>
</tr>
<tr>
<td>7. ZIP CODE</td>
<td>01010</td>
</tr>
<tr>
<td>8. OTHER INSURED’S NAME (Last Name, First Name, Middle Initial)</td>
<td>Doe, John D</td>
</tr>
<tr>
<td>9. OTHER INSURED’S ADDRESS (No. Street)</td>
<td></td>
</tr>
<tr>
<td>10. IS PATIENT’S CONDITION RELATED TO:</td>
<td></td>
</tr>
<tr>
<td>11. INSURED’S POLICY GROUP ON FECA NUMBER</td>
<td></td>
</tr>
<tr>
<td>12. EMPLOYMENT? (Current or Previous)</td>
<td>Yes</td>
</tr>
<tr>
<td>13. AUTO-ACCIDENT?</td>
<td>Yes</td>
</tr>
<tr>
<td>14. OTHER ACCIDENT?</td>
<td>No</td>
</tr>
<tr>
<td>15. INSURANCE PLAN NAME OR PROGRAM NAME</td>
<td></td>
</tr>
<tr>
<td>16. CLAIM CODES (Designated by NUCC)</td>
<td></td>
</tr>
<tr>
<td>17. RESERVATION FOR NUCC USE</td>
<td>No</td>
</tr>
<tr>
<td>18. DATE OF SERVICE</td>
<td>11/11/20XX</td>
</tr>
<tr>
<td>19. DIAGNOSIS CODE (BOX 21)</td>
<td>C90.02, multiple myeloma in relapse</td>
</tr>
<tr>
<td>20. DIAGNOSIS CODE POINTER (BOX 24E)</td>
<td>Specify diagnosis, from Box 21, relating to each CPT/HCPCS code listed in Box 24D.</td>
</tr>
<tr>
<td>21. SERVICE UNITS (BOX 24G)</td>
<td>60</td>
</tr>
<tr>
<td>22. PRODUCT CODE (Box 24D)</td>
<td>J9047, injection, carfilzomib, 1 mg</td>
</tr>
<tr>
<td>23. SERVICE UNITS (Box 24G)</td>
<td></td>
</tr>
<tr>
<td>24. PROCEDURE CODE (BOX 24D)</td>
<td>96409, chemotherapy administration, intravenous push technique, single or initial substance/drug</td>
</tr>
<tr>
<td>25. FEDERAL TAX ID NUMBER</td>
<td></td>
</tr>
<tr>
<td>26. PATIENT’S ACCOUNT NUMBER</td>
<td></td>
</tr>
<tr>
<td>27. MEDICALfäll</td>
<td></td>
</tr>
<tr>
<td>28. SERVICE FACILITY LOCATION</td>
<td></td>
</tr>
<tr>
<td>29. AMOUNT PAID</td>
<td></td>
</tr>
<tr>
<td>30. PROVIDER (Name)</td>
<td></td>
</tr>
<tr>
<td>31. DEPARTMENT OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS</td>
<td></td>
</tr>
<tr>
<td>32. SERVICE FEE BILLING INFORMATION</td>
<td></td>
</tr>
</tbody>
</table>

**This sample form is intended as a reference for coding and billing for product and associated services. It is not intended to be directive; the use of the recommended codes does not guarantee reimbursement. Healthcare providers may deem other codes or policies more appropriate and should select the coding options that most accurately reflect their internal system guidelines, payer requirements, practice patterns, and the services rendered. Healthcare providers are responsible for ensuring the accuracy and validity of all billing and claims for appropriate reimbursement.**
### Important Safety Information

**Pulmonary Hypertension**
- Pulmonary arterial hypertension (PAH) was reported in patients treated with KYPROLIS. Evaluate with cardiac imaging and/or other tests as indicated. Withhold KYPROLIS for PAH until resolved or returned to baseline and consider whether to restart KYPROLIS based on a benefit/risk assessment.

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### For assistance, contact Onyx Pharmaceuticals 360®

at 1-855-ONYX-360 (1-855-669-9360)

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### Item | Coding Information (HCPCS/CPT/ICD) | Notes
--- | --- | ---
KYPROLIS | J9047, injection, carfilzomib, 1 mg | KYPROLIS is supplied in a single-use vial containing 60 mg of carfilzomib. Its NDC (in the 11-digit format) is 76075-0101-01.

Administration | 96413, chemotherapy administration, IV infusion technique; up to 1 hour, single or initial substance/drug | KYPROLIS is administered as a 30-minute IV infusion at the priming dose of 20 mg/m² and at the therapeutic dose of 56 mg/m² (Kd or K).

Office visit | Relevant Evaluation and Management (E&M) code* † | See payer guidelines.

Diagnosis/Condition | Appropriate diagnosis code(s) for patient condition: | ICD-10-CM Example: C90.02, multiple myeloma in relapse
ICD-9-CM Example: 203.02, multiple myeloma, in relapse

---

* Bill relevant E&M code only if a separately identifiable E&M service is performed. Document accordingly.
† Some payers, including Medicare, will not allow a Level 1 office visit to be billed with an injection/infusion code for the same date of service, and only allow for other levels when Modifier 25 is billed.

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Please see additional Important Safety Information on pages 10–11.
Physician Office Administration of KYPROLIS at the Therapeutic Dose of 56 mg/m²

This sample form is intended as a reference for coding and billing for product and associated services. It is not intended to be directive; the use of the recommended codes does not guarantee reimbursement. Healthcare providers may deem other codes or policies more appropriate and should select the coding options that most accurately reflect their internal system guidelines, payer requirements, practice patterns, and the services rendered. Healthcare providers are responsible for ensuring the accuracy and validity of all billing and claims for appropriate reimbursement.
Cardiac Toxicities

- New onset or worsening of pre-existing cardiac failure (e.g., congestive heart failure, pulmonary edema, decreased ejection fraction), restrictive cardiomyopathy, myocardial ischemia, and myocardial infarction including fatalities have occurred following administration of KYPROLIS. Some events occurred in patients with normal baseline ventricular function. Death due to cardiac arrest has occurred within one day of KYPROLIS administration.

- Monitor patients for clinical signs or symptoms of cardiac failure or cardiac ischemia. Evaluate promptly if cardiac toxicity is suspected. Withhold KYPROLIS for Grade 3 or 4 cardiac adverse events until recovery, and consider whether to restart KYPROLIS at 1 dose level reduction based on a benefit/risk assessment.

- While adequate hydration is required prior to each dose in Cycle 1, monitor all patients for evidence of volume overload, especially patients at risk for cardiac failure. Adjust total fluid intake as clinically appropriate in patients with baseline cardiac failure or who are at risk for cardiac failure.

- Patients ≥ 75 years, the risk of cardiac failure is increased. Patients with New York Heart Association Class III and IV heart failure, recent myocardial infarction, conduction abnormalities, angina, or arrhythmias may be at greater risk for cardiac complications and should have a comprehensive medical assessment (including blood pressure and fluid management) prior to starting treatment with KYPROLIS and remain under close follow-up.

Acute Renal Failure

- Cases of acute renal failure and renal insufficiency adverse events (including renal failure) have occurred in patients receiving KYPROLIS. Acute renal failure was reported more frequently in patients with advanced relapsed and refractory multiple myeloma who received KYPROLIS monotherapy. Monitor renal function with regular measurement of the serum creatinine and/or estimated creatinine clearance. Reduce or withhold dose as appropriate.

Tumor Lysis Syndrome

- Cases of Tumor Lysis Syndrome (TLS), including fatal outcomes, have occurred in patients receiving KYPROLIS. Patients with multiple myeloma and a high tumor burden should be considered at greater risk for TLS. Adequate hydration is required prior to each dose in Cycle 1, and in subsequent cycles as needed. Consider uric acid lowering drugs in patients at risk for TLS. Monitor for evidence of TLS during treatment and manage promptly. Withhold KYPROLIS until TLS is resolved.

Pulmonary Toxicity

- Acute Respiratory Distress Syndrome (ARDS), acute respiratory failure, and acute diffuse infiltrative pulmonary disease such as pneumonitis and interstitial lung disease have occurred in patients receiving KYPROLIS. Some events have been fatal. In the event of drug-induced pulmonary toxicity, discontinue KYPROLIS.

Pulmonary Hypertension

- Pulmonary arterial hypertension (PAH) was reported in patients treated with KYPROLIS. Evaluate with cardiac imaging and/or other tests as indicated. Withhold KYPROLIS for PAH until resolved or returned to baseline and consider whether to restart KYPROLIS based on a benefit/risk assessment.

Dyspnea

- Dyspnea was reported in patients treated with KYPROLIS. Evaluate dyspnea to exclude cardiopulmonary conditions including cardiac failure and pulmonary syndromes. Stop KYPROLIS for Grade 3 or 4 dyspnea until resolved or returned to baseline. Consider whether to restart KYPROLIS based on a benefit/risk assessment.

Hypertension

- Hypertension, including hypertensive crisis and hypertensive emergency, has been observed with KYPROLIS. Some of these events have been fatal. Monitor blood pressure regularly in all patients. If hypertension cannot be adequately controlled, withhold KYPROLIS and evaluate. Consider whether to restart KYPROLIS based on a benefit/risk assessment.

Please see additional Important Safety Information on page 11.
Venous Thrombosis
• Venous thromboembolic events (including deep venous thrombosis and pulmonary embolism) have been observed with KYPROLIS. Thromboprophylaxis is recommended for patients being treated with the combination of KYPROLIS with dexamethasone or with lenalidomide plus dexamethasone. The thromboprophylaxis regimen should be based on an assessment of the patient’s underlying risks.
• Patients using oral contraceptives or a hormonal method of contraception associated with a risk of thrombosis should consider an alternative method of effective contraception during treatment with KYPROLIS in combination with dexamethasone or lenalidomide plus dexamethasone.

Infusion Reactions
• Infusion reactions, including life-threatening reactions, have occurred in patients receiving KYPROLIS. Symptoms include fever, chills, arthralgia, myalgia, facial flushing, facial edema, vomiting, weakness, shortness of breath, hypotension, syncope, chest tightness, or angina. These reactions can occur immediately following or up to 24 hours after administration of KYPROLIS. Premedicate with dexamethasone to reduce the incidence and severity of infusion reactions. Inform patients of the risk and of symptoms of an infusion reaction and to contact a physician immediately if they occur.

Thrombocytopenia
• KYPROLIS causes thrombocytopenia with recovery to baseline platelet count usually by the start of the next cycle. Thrombocytopenia was reported in patients receiving KYPROLIS. Monitor platelet counts frequently during treatment with KYPROLIS. Reduce or withhold dose as appropriate.

Hepatic Toxicity and Hepatic Failure
• Cases of hepatic failure, including fatal cases, have been reported during treatment with KYPROLIS. KYPROLIS can cause increased serum transaminases. Monitor liver enzymes regularly regardless of baseline values. Reduce or withhold dose as appropriate.

Thrombotic Microangiopathy
• Cases of thrombotic microangiopathy, including thrombotic thrombocytopenic purpura/hemolytic uremic syndrome (TTP/HUS), including fatal outcome have occurred in patients receiving KYPROLIS. Monitor for signs and symptoms of TTP/HUS. Discontinue KYPROLIS if diagnosis is suspected. If the diagnosis of TTP/HUS is excluded, KYPROLIS may be restarted. The safety of reinitiating KYPROLIS therapy in patients previously experiencing TTP/HUS is not known.

Posterior Reversible Encephalopathy Syndrome (PRES)
• Cases of PRES have occurred in patients receiving KYPROLIS. PRES was formerly known as Reversible Posterior Leukoencephalopathy Syndrome. Consider a neuro-radiological imaging (MRI) for onset of visual or neurological symptoms. Discontinue KYPROLIS if PRES is suspected and evaluate. The safety of reinitiating KYPROLIS therapy in patients previously experiencing PRES is not known.

Embryo-fetal Toxicity
• KYPROLIS can cause fetal harm when administered to a pregnant woman based on its mechanism of action and findings in animals.
• Females of reproductive potential should be advised to avoid becoming pregnant while being treated with KYPROLIS. Males of reproductive potential should be advised to avoid fathering a child while being treated with KYPROLIS. If this drug is used during pregnancy, or if pregnancy occurs while taking this drug, the patient should be apprised of the potential hazard to the fetus.

Adverse Reactions
• The most common adverse reactions occurring in at least 20% of patients treated with KYPROLIS in the combination therapy trials: anemia, neutropenia, diarrhea, dyspnea, fatigue, thrombocytopenia, pyrexia, insomnia, muscle spasm, cough, upper respiratory tract infection, hypokalemia.
• The most common adverse reactions occurring in at least 20% of patients treated with KYPROLIS in monotherapy trials: anemia, fatigue, thrombocytopenia, nausea, pyrexia, dyspnea, diarrhea, headache, cough, edema peripheral.

Links to: http://pi.amgen.com/united_states/kyprolis/kyprolis_pi.pdf

Please click here for full Prescribing Information.
ONYX PHARMACEUTICALS 360®

Product Reimbursement Assistance

• Benefits verification assistance
• Payment and reimbursement information

Help With Connection to Independent Third-Party Organizations* for Transportation/Lodging and Co-pay Assistance Who Can Provide Support With:

• Assistance arranging transportation to and from appointments
• Travel cost assistance for gas, tolls, parking, and air travel, if needed
• Lodging cost assistance for patients who live more than 30 miles away
• Co-pay assistance

Help With Connection to Independent Third-Party Organizations* for Emotional Support

• Helping patients and caregivers connect with counseling
  – One-on-one counseling with licensed clinical social workers
• Helping patients and caregivers obtain support group information and connections to local services at no cost

Single Point of Contact

* Provided through independent 501(c)(3), tax exempt non-profit organizations.

Contact Onyx Pharmaceuticals 360® at:
1-855-ONYX-360 (1-855-669-9360)
Monday through Friday
from 9 AM to 8 PM Eastern Time
or visit the website at www.onyx360.com

References: