KYPROLIS®

REIMBURSEMENT & ACCESS GUIDE

CONFIDENCE IN KYPROLIS® ACCESS

AMGEN® Support+

Amgen SupportPlus — personalized support providers and patients can count on.

INDICATIONS

- KYPROLIS® (carfilzomib) is indicated in combination with dexamethasone, or with lenalidomide plus dexamethasone, or with daratumumab plus dexamethasone, or with daratumumab plus hyaluronidase-fihj plus dexamethasone, or with isatuximab plus dexamethasone for the treatment of adult 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.

IMPORTANT SAFETY INFORMATION FOR KYPROLIS

Cardiac Toxicities

- New onset or worsening of pre-existing cardiac failure (e.g., congestive heart failure, pulmonary edema, decreased ejection fraction), 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 administration.
- Monitor patients for signs or symptoms of cardiac failure or ischemia. Evaluate promptly if cardiac toxicity is suspected. Withhold KYPROLIS for Grade 3 or 4 cardiac adverse reactions until recovery, and consider whether to restart at 1 dose level reduction based on a benefit/risk assessment.

Please see additional Important Safety Information for KYPROLIS on the next page.

Kyprolis® (carfilzomib) for Injection

KYPROLIS® OFFERS PROVEN EFFECTIVE TREATMENT OPTIONS IN RELAPSED OR REFRACTORY MULTIPLE MYELOMA (RRMM)

FDA-APPROVED KYPROLIS® TRIPLET REGIMENS:

Twice-weekly KRd27[1]

10-Minute Infusion Time

20 mg/m² Priming Dose on Days 1 and 2 of Cycle 1 to evaluate tolerability

27 mg/m² Target Therapeutic Dose starting on Day 8 of Cycle 1

Administer 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 doses of KYPROLIS® on Days 8 and 9.
Continue until disease progression or until unacceptable toxicity occurs. Discontinue KYPROLIS® after Cycle 18.

Once-weekly DKd70[1]

30-Minute Infusion Time

20 mg/m² Priming Dose on Day 1 of Cycle 1 to evaluate tolerability

70 mg/m² Target Therapeutic Dose starting on Day 8 of Cycle 1

Administer on 1 day each week for 3 weeks, followed by a 13-day rest period as part of a 28-day treatment cycle.
Continue until disease progression or until unacceptable toxicity occurs.

Twice-weekly DKd56[1]

30-Minute Infusion Time

20 mg/m² Priming Dose on Days 1 and 2 of Cycle 1 to evaluate tolerability

56 mg/m² Target Therapeutic Dose starting on Day 8 of Cycle 1

Administer on 2 consecutive days each week for 3 weeks, followed by a 12-day rest period as part of a 28-day treatment cycle.
Continue until disease progression or until unacceptable toxicity occurs.

Twice-weekly Isa-Kd56[1]

30-Minute Infusion Time

20 mg/m² Priming Dose on Days 1 and 2 of Cycle 1 to evaluate tolerability

56 mg/m² Target Therapeutic Dose starting on Day 8 of Cycle 1

Administer on 2 consecutive days each week for 3 weeks, followed by a 12-day rest period as part of a 28-day treatment cycle.
Continue until disease progression or until unacceptable toxicity occurs.

IMPORTANT SAFETY INFORMATION FOR KYPROLIS

Cardiac Toxicities, continued

- 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.
- For 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 prior to starting treatment with KYPROLIS and remain under close follow-up with fluid management.

Please see additional Important Safety Information for KYPROLIS on the next page.

FDA-APPROVED KYPROLIS® DOUBLET REGIMENS:

Once-weekly Kd70[1]

30-Minute Infusion Time

20 mg/m² Priming Dose on Day 1 of Cycle 1 to evaluate tolerability

70 mg/m² Target Therapeutic Dose starting on Day 8 of Cycle 1

Administer on 1 day each week for 3 weeks, followed by a 13-day rest period as part of a 28-day treatment cycle.
Continue until disease progression or unacceptable toxicity occurs.

Twice-weekly Kd56[1]

30-Minute Infusion Time

20 mg/m² Priming Dose on Days 1 and 2 of Cycle 1 to evaluate tolerability

56 mg/m² Target Therapeutic Dose starting on Day 8 of Cycle 1

Administer on 2 consecutive days each week for 3 weeks, followed by a 12-day rest period as part of a 28-day treatment cycle.
Continue until disease progression or unacceptable toxicity occurs.

4 carfilzomib (KYPROLIS®) combination therapies received NCCN Category 1 recommendations from the National Comprehensive Cancer Network® (NCCN®) for treating RRMM at first relapse and beyond.[2]

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) are used to inform individuals involved in cancer care of evidence supporting treatment recommendations.[3]

SELECT ADMINISTRATION PRECAUTIONS[1]

Adequate hydration is required

- Adequate hydration is required prior to dosing in Cycle 1, especially in patients at high risk of tumor lysis syndrome or renal toxicity
- Consider hydration with both oral fluids (30 mL/kg at least 48 hours before Cycle 1, Day 1) and IV fluids (250 mL to 500 mL of appropriate IV fluids prior to each dose in Cycle 1)
- If needed, give additional IV fluids following KYPROLIS® administration and continue oral and/or IV fluids, as needed, in subsequent cycles
- Monitor patients for evidence of volume overload and adjust hydration to individual patient needs, especially in patients with or at risk for cardiac failure. Modify dosing based on toxicity

DKd56 = KYPROLIS® + IV daratumumab + dexamethasone; DKd70 = KYPROLIS® + IV daratumumab + dexamethasone; FDA = Food and Drug Administration; IV = intravenous; Kd56 = KYPROLIS® + dexamethasone; Kd70 = KYPROLIS® + dexamethasone; KRd27 = KYPROLIS® + lenalidomide + dexamethasone; NCCN = National Comprehensive Cancer Network.

Refer to the full Prescribing Information and Dosing and Administration Guide for recommended actions and dose modifications.

Kyprolis® (carfilzomib) for Injection

KYPROLIS® OFFERS 3 SINGLE-DOSE VIAL SIZES

KYPROLIS® IS SUPPLIED IN 3 SINGLE-DOSE VIAL SIZES: 10 mg, 30 mg, OR 60 mg OF CARFILZOMIB.[1]

10-mg vial[1] | **30-mg vial[1]** | **60-mg vial[1]**

NDC number (11-digit format): 76075-0103-01 OR 76075-0103-21	NDC number (11-digit format): 76075-0102-01 OR 76075-0102-21	NDC number (11-digit format): 76075-0101-01 OR 76075-0101-21

It is important to bill for the correct number of units when submitting a claim—**1 mg of KYPROLIS® corresponds to 1 unit of service**.[4,5]

IMPORTANT SAFETY INFORMATION FOR KYPROLIS

Acute Renal Failure

- Cases of acute renal failure, including some fatal renal failure events, and renal insufficiency (including renal failure) have occurred. 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.

BILLING CONSIDERATIONS FOR KYPROLIS®

Correct conversion of used KYPROLIS® amount into billed units of service

Based on the assigned permanent J-code, 1 mg of KYPROLIS® corresponds to 1 unit of service:

- J9047, injection, carfilzomib, 1 mg[4,5]

Use of the JW modifier and appropriate documentation of discarded KYPROLIS® amount *(if required by payer)*

For drugs from single-use vials, Medicare* requires[6]:

- Reporting the JW modifier for claims with unused drug from single-use vials
- Documenting the discarded amount in the patient's medical record

For examples, see Coding and Billing Information Sheets for KYPROLIS®.

NOTE: Effective for dates of service on or after July 1, 2023, Medicare Part B claims require the use of the new JZ modifier for single-use vials and containers when there are no discarded drug amounts. Medicare claims continue to require the use of the JW modifier (Drug amount discarded/not administered to any patient) for drugs and biologicals that are separately payable under Medicare Part B with discarded amounts from single-dose containers.[6]

Claim edits with a limit on the number of KYPROLIS® units to be billed per date of service *(if implemented by payer)*

KYPROLIS® claims submitted to Medicare* are subject to the Medically Unlikely Edit (MUE):

- Based on the approved dosing range, Medicare will deny KYPROLIS® claims billed for more than 210 units per date of service[7-9]

For considerations on vial size selection and related examples, see the next page.

*Applies to Medicare Fee-for-Service; requirements for Medicare Advantage may vary by plan.

Reporting policies for discarded units for payers other than traditional fee-for-service Medicare may vary; providers should check with their specific plans about policies related to billing for discarded drug and use of the JW and JZ modifiers.

IMPORTANT SAFETY INFORMATION FOR KYPROLIS

Tumor Lysis Syndrome

- Cases of Tumor Lysis Syndrome (TLS), including fatal outcomes, have occurred. Patients with 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, and withhold until resolved.

Please see additional Important Safety Information for KYPROLIS on the next page.

Kyprolis® (carfilzomib) for Injection

KYPROLIS® DOSE IS CALCULATED BASED ON PATIENT BODY SURFACE AREA (BSA)[1]

DOSE CALCULATION EXAMPLES FOR A HYPOTHETICAL PATIENT WITH A BSA OF 2 m^2

27 mg/m^2 (KRd)	x	2 m^2	=	**54 mg**
56 mg/m^2 (DKd, Kd, or Isa-Kd)	x	2 m^2	=	**112 mg**
70 mg/m^2 (DKd or Kd)	x	2 m^2	=	**140 mg**

For patients with a BSA greater than 2.2 m^2, calculate the dose based upon a BSA of 2.2 m^2.

NOTES

IMPORTANT SAFETY INFORMATION FOR KYPROLIS

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. Some events have been fatal. In the event of drug-induced pulmonary toxicity, discontinue KYPROLIS.

IMPORTANT SAFETY INFORMATION FOR KYPROLIS

Pulmonary Hypertension

- Pulmonary arterial hypertension (PAH) was reported. 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 based on a benefit/risk assessment.

Please see additional Important Safety Information for KYPROLIS on page 10.

AMGEN® Support+

We're right here, right when you need us

AMGEN® Support+ | Co-Pay Program

Helping eligible patients save on out-of-pocket costs

The Amgen SupportPlus Co-Pay Program is here to help eligible commercially insured patients pay for their out-of-pocket prescription costs.

- Pay as little as **$0* out-of-pocket** for each dose or cycle
- Can be applied to deductible, co-insurance, and co-payment*
- No income eligibility requirement

Encourage your patients with private or commercial insurance to check eligibility and enroll at AmgenSupportPlus.com/copay

*Eligibility criteria and program maximums apply. See AmgenSupportPlus.com/copay for full Terms and Conditions.

What if my patient doesn't have private or commercial insurance?

Amgen SupportPlus can provide your patients with information about independent nonprofit foundations that may be able to help.†

†Eligibility for resources provided by independent nonprofit patient assistance programs is based on the nonprofit's criteria. Amgen has no control over these programs and provides information as a courtesy only.

Please see Important Safety Information for KYPROLIS on page 10.

Resources for healthcare professionals

HCP Support Center

Amgen® SupportPlus Representatives can assist with issues around patient coverage, prior authorizations, co-pay programs, and more.

Benefits Verification
- Verify patient's insurance plan coverage details

Prior Authorization Requirements
- Provide payer-specific prior authorization forms
- Provide information to providers on payer-specific authorization requirements and submission methods

Amgen SupportPlus Customer Portal
- A tool for managing patient benefits verification and more
- Submit, store, and retrieve benefit verifications electronically

Virtual Access Specialist

An Amgen Access Specialist can provide virtual coverage and access resources to support your patients.

Contact your Amgen Access Specialist for virtual support that includes:
- Help with navigating prior authorization, appeals, and fulfillment processes
- Educating on payer requirements and necessary documentation for individual patient support
- Guidance on general reimbursement questions, including product coding and billing information
- Answers to general questions about Amgen SupportPlus programs and other available resources

CALL **866-264-2778**
Monday to Friday, 8:30 am to 8:00 pm ET,
or visit www.AmgenSupportPlus.com.

Kyprolis® (carfilzomib) for Injection

IMPORTANT SAFETY INFORMATION FOR KYPROLIS

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 based on a benefit/risk assessment.

Hypertension

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

Venous Thrombosis

- Venous thromboembolic events (including deep venous thrombosis and pulmonary embolism) have been observed. Provide thromboprophylaxis for patients being treated with the combination of KYPROLIS with dexamethasone or with lenalidomide plus dexamethasone or with daratumumab and dexamethasone. The thromboprophylaxis regimen should be based on an assessment of the patient's underlying risks.
- For patients using hormonal contraception associated with a risk of thrombosis, consider an alternative method of effective contraception during treatment.

Infusion-Related Reactions

- Infusion-related reactions, including life-threatening reactions, have occurred. Signs and symptoms include fever, chills, arthralgia, myalgia, facial flushing, facial edema, laryngeal 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. Premedicate with dexamethasone to reduce the incidence and severity of infusion-related reactions.

Hemorrhage

- Fatal or serious cases of hemorrhage have been reported. Hemorrhagic events have included gastrointestinal, pulmonary, and intracranial hemorrhage and epistaxis. Promptly evaluate signs and symptoms of blood loss. Reduce or withhold dose as appropriate.

Thrombocytopenia

- KYPROLIS causes thrombocytopenia with recovery to baseline platelet count usually by the start of the next cycle. Monitor platelet counts frequently during treatment. Reduce or withhold dose as appropriate.

Hepatic Toxicity and Hepatic Failure

- Cases of hepatic failure, including fatal cases, have occurred. 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. Monitor for signs and symptoms of TTP/HUS. Discontinue if diagnosis is suspected. If the diagnosis of TTP/HUS is excluded, KYPROLIS may be restarted. The safety of reinitiating KYPROLIS is not known.

Posterior Reversible Encephalopathy Syndrome (PRES)

- Cases of PRES have occurred in patients receiving KYPROLIS. If PRES is suspected, discontinue and evaluate with appropriate imaging. The safety of reinitiating KYPROLIS is not known.

Progressive Multifocal Leukoencephalopathy (PML)

- Cases of PML, including fatal cases, have occurred. In addition to KYPROLIS, other contributary factors may include prior or concurrent use of immunosuppressive therapy. Consider PML in any patient with new onset of or changes in pre-existing neurological signs or symptoms. If PML is suspected, discontinue and initiate evaluation for PML including neurology consultation.

Increased Fatal and Serious Toxicities in Combination with Melphalan and Prednisone in Newly Diagnosed Transplant-ineligible Patients

- In a clinical trial of transplant-ineligible patients with newly diagnosed multiple myeloma comparing KYPROLIS, melphalan, and prednisone (KMP) vs bortezomib, melphalan, and prednisone (VMP), a higher incidence of serious and fatal adverse reactions was observed in patients in the KMP arm. KMP is not indicated for transplant-ineligible patients with newly diagnosed multiple myeloma.

Embryo-fetal Toxicity

- KYPROLIS can cause fetal harm when administered to a pregnant woman.
- Advise pregnant women of the potential risk to a fetus. Females of reproductive potential should use effective contraception during treatment with KYPROLIS and for 6 months following the final dose. Males of reproductive potential should use effective contraception during treatment with KYPROLIS and for 3 months following the final dose.

Adverse Reactions

- The most common adverse reactions occurring in at least 20% of patients taking KYPROLIS in the combination therapy trials: anemia, diarrhea, hypertension, fatigue, upper respiratory tract infection, thrombocytopenia, pyrexia, cough, dyspnea, and insomnia.
- The most common adverse reactions occurring in at least 20% of patients taking KYPROLIS in monotherapy trials: anemia, fatigue, thrombocytopenia, nausea, pyrexia, dyspnea, diarrhea, headache, cough, edema peripheral.

Please see accompanying full Prescribing Information.

Kyprolis® (carfilzomib) for Injection

KYPROLIS®

CONFIDENCE ON KYPROLIS® ACCESS

POWER POSSIBILITIES AT FIRST RELAPSE

CHOOSE A KYPROLIS® COMBINATION FOR YOUR APPROPRIATE PATIENTS WITH RRMM

Call **866-264-2778** Monday to Friday, 8:30 am to 8:00 pm ET,
or visit **www.AmgenSupportPlus.com.**

References: 1. KYPROLIS® (carfilzomib) prescribing information. Onyx Pharmaceuticals, Inc., an Amgen Inc. subsidiary. **2.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Multiple Myeloma V.4.2026. © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. Accessed December 10, 2025. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. **3.** National Comprehensive Cancer Network. About Clinical Practice Guidelines. https://www.nccn.org/guidelines/guidelines-process/about-nccn-clinical-practice-guidelines. Accessed December 10, 2025. **4.** CMS. 2020 Table of Drugs. https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Downloads/2020-Table-of-Drugs.pdf. Accessed December 10, 2025. **5.** CMS. 2020 Alpha-Numeric HCPCS File. https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2020-Alpha-Numeric-HCPCS-File. Accessed December 10, 2025. **6.** 2023 Physician Fee Schedule Final Rule (87 FR 69710 - 69734, November 18, 2022); 2023 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule (87 FR 71988, 72082 - 72083, November 23, 2022); Medicare Program, Discarded Drugs and Biologicals–JW Modifier and JZ Modifier Policy, Frequently Asked Questions, available at https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf. Accessed December 10, 2025. **7.** CMS. Medically Unlikely Edits - Facility Outpatient Hospital Services MUE Table – Effective 07-01-2023. https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html. Accessed December 10, 2025. **8.** CMS. Medically Unlikely Edits - Practitioner Services MUE Table – Effective 07-01-2023. https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html. Accessed December 10, 2025. **9.** CMS. Medicare NCCI 2021 Coding Policy Manual. Chapter 1. https://www.cms.gov/files/document/chapter1generalcorrectcodingpoliciesfinal112021.pdf. Accessed December 10, 2025. **10.** CMS, Part B Inflation Rebate Guidance: Use of the 340B Modifiers, December 20, 2022, available at: https://www.cms.gov/files/document/part-b-inflation-rebate-guidance340b-modifierfinal.pdf. Accessed December 10, 2025. **11.** American Medical Association. Current Procedural Terminology (CPT®) Professional Edition. Copyright 2023. All rights reserved. 2023. **12.** CMS. ICD-10-CM. 2023.

AMGEN

USA-171-82357 01/26 Printed in USA

Kyprolis® (carfilzomib) for Injection

HOSPITAL OUTPATIENT CODING AND BILLING INFORMATION SHEET FOR KYPROLIS® (CARFILZOMIB) FOR INJECTION

Item	Revenue Code	Coding Information (HCPCS/CPT/ICD)	Notes
KYPROLIS	**Medicare:** 0636, drugs requiring detailed coding **Other Payers:** 0250, general pharmacy; **OR** 0636, if required by a given payer	J9047, injection, carfilzomib, 1 mg[1]	**KYPROLIS VIALS:** KYPROLIS is supplied in single-dose vials containing 60 mg, 30 mg, or 10 mg of carfilzomib.[3] The NDC numbers for KYPROLIS, in the 11-digit format, are as follows[3]: - 60-mg vial: 76075-0101-01 **OR** 76075-0101-21 - 30-mg vial: 76075-0102-01 **OR** 76075-0102-21 - 10-mg vial: 76075-0103-01 **OR** 76075-0103-21 **MEDICARE MUE FOR KYPROLIS[3-6]:** Under Medicare,* J9047 has a Medically Unlikely Edit (MUE). Based on the approved dosing range, Medicare will deny KYPROLIS claims billed for more than 210 units per date of service. - For example, at the BSA of up to 2.2 m^2, the calculated dose for Kd70 is up to 154 mg **JW/JZ MODIFIER[7]:** For unused drug from single use vials, some payers (eg, Medicare*) require providers to report the JW modifier on a claim and to document the discarded amount in the patient's medical record. NOTE: Effective for dates of service on or after July 1, 2023, Medicare Part B claims require the use of the new JZ modifier for single-use vials and containers when there are no discarded drug amounts. Medicare claims continue to require the use of the JW modifier (Drug amount discarded/not administered to any patient) for drugs and biologicals that are separately payable under Medicare Part B with discarded amounts from single-dose containers.[10,†]
Administration	Appropriate revenue code for the cost center in which the service is performed	96413, chemotherapy administration, IV infusion technique; up to 1 hour, single or initial substance/drug[11] OR 96409, chemotherapy administration, intravenous push technique (including infusions less than 15 minutes), single or initial substance/drug[11]	KYPROLIS® can be administered as a 10-minute or 30-minute IV infusion, depending on the selected regimen[1]: - At the priming dose of 20 mg/m^2 and at the therapeutic dose of 70 mg/m^2 once-weekly (Kd or DKd): KYPROLIS® is administered as a 30-minute IV infusion. - At the priming dose of 20 mg/m^2 and at the therapeutic dose of 56 mg/m^2 twice-weekly (Kd, DKd, Isa-Kd, or K): KYPROLIS® is administered as a 30-minute IV infusion. - At the priming dose of 20 mg/m^2 and at the therapeutic dose of 27 mg/m^2 twice-weekly (KRd or K): KYPROLIS® is administered as a 10-minute IV infusion.
Diagnosis/ Condition	N/A	Appropriate diagnosis code(s) for patient condition	**ICD-10-CM Examples:** C90.00, multiple myeloma not having achieved remission C90.02, multiple myeloma in relapse[12]

Beginning January 1, 2023, Medicare requires that all claims submitted by 340B covered entities on OPPS claims (bill type 13X) for separately payable Part B drugs and biologicals must include modifiers "JG" (Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes) or "TB" (Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes for select entities) on claim lines for drugs acquired through the 340B Drug Discount Program. Additional provider types will be required to use these modifiers in 2024.[10]

*Applies to Medicare fee-for-service; requirements for Medicare Advantage may vary by plan.

†Reporting policies for discard units for payers other than traditional fee-for-service Medicare may vary; providers should check with their specific plans about policies related to billing for discarded drug and use of the JW and JZ modifiers.

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.

BSA = body surface area; DKd = KYPROLIS® (carfilzomib)+daratumumab and dexamethasone; IV = intravenous; Kd = KYPROLIS® and dexamethasone; KRd = KYPROLIS®+lenalidomide and dexamethasone.

IMPORTANT SAFETY INFORMATION FOR KYPROLIS, continued

Acute Renal Failure

- Cases of acute renal failure, including some fatal renal failure events, and renal insufficiency (including renal failure) have occurred. 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 for KYPROLIS on page 10 of the folder.

Kyprolis® (carfilzomib) for injection

THE SAMPLE UB-04 (CMS 1450) FOR HOSPITAL OUTPATIENT — KYPROLIS® AT 70 mg/m² OR 56 mg/m²

Hospital Outpatient Administration of KYPROLIS® at the Therapeutic Dose of 70 mg/m² or 56 mg/m²

Any town Hospital
100 Main Street
Any town, Any state 01010

8 PATIENT NAME: Smith, Jane
9 PATIENT ADDRESS: 123 Main Street, Any town, Any state 12345

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0335	Chemotherapy-IV	96413	MMDDYY	1	XXXXX	
0636	Drugs/detailed coding	J9047	MMDDYY	120	XXXXX	

PROCEDURE CODE (BOX 44)
Use CPT code representing procedure performed, such as: 96413, chemotherapy administration, IV infusion technique; up to 1 hour, single or initial substance/drug.

Note: At the therapeutic dose of 70 mg/m² (Kd or DKd) or 56 mg/m² (Kd, DKd, or K), KYPROLIS is administered as a 30-minute IV infusion.

REVENUE CODES (BOX 42) AND DESCRIPTIONS (BOX 43)
Product
Medicare: Use revenue code 0636, drugs requiring detailed coding.

Other payers: Use revenue code 0250, general pharmacy (or 0636, if required by a given payer).

NOTE: Some payers may require to document KYPROLIS® NDC number in BOX 43. Specific payer requirements for reporting NDC may vary.

Related administration procedure
Use most appropriate revenue code for cost center where services were performed (eg, 0335 Chemotherapy-IV).

PRODUCT CODE (BOX 44) AND SERVICE UNITS (BOX 46)
Document use of product with J9047, injection, carfilzomib, 1 mg.

Report unit of service. For example, 120 units for J9047 corresponds to 120 mg of KYPROLIS®.

NOTE: JW/JZ Discard Modifier -- JW or JZ modifier required following HCPCS code (i.e., JXXXX-XX) for Medicare Part B claims for drugs in single-use containers. If required by payer to report unused drug from single-use vials (eg, Medicare), report KYPROLIS® J-code on 2 line items, indicating:*
- *Units for the administered dose on the first line*
- *JW modifier† and units for the discarded amount on the second line*

For example, if two 60 mg vials of KYPROLIS® are used to administer a calculated dose of 119 mg, 119 units for the administered dose would be reported on the first line, and JW modifier along with 1 unit for the discarded dose would be reported on the second line, as follows:

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
0636	Drugs/detailed coding	J9047	MMDDYY	119	XXXXX
†0636	Drugs/detailed coding	J9047JW	MMDDYY	1	XXXXX

* Applies to Medicare fee-for-service; requirements for Medicare Advantage may vary by plan.

† The JW modifier is only applied to the amount of drug that is discarded. If there is no discarded amount of KYPROLIS®, it must be reported on a single line item without the JW modifier.

DIAGNOSIS CODE (BOX 67)
Document appropriate diagnosis code(s) corresponding to patient's diagnosis.

Examples of ICD-10-CM codes include:
C90.00, multiple myeloma not having achieved remission

C90.02, multiple myeloma in relapse

66 DX: C90.02

PAGE ____ OF ____

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC® National Uniform Billing Committee THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

These sample forms are intended as a reference for coding and billing for product and associated services. They are 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.

THE SAMPLE UB-04 (CMS 1450) FOR HOSPITAL OUTPATIENT — KYPROLIS® AT 27 mg/m²

Hospital Outpatient Administration of KYPROLIS® at the Therapeutic Dose of 27 mg/m²

Any town Hospital
100 Main Street
Any town, Any state 01010

8 PATIENT NAME: Smith, Jane
9 PATIENT ADDRESS: 123 Main Street, Any town, Any state 12345

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0335	Chemotherapy-IV	96409	MMDDYY	1	XXXXX	
0636	Drugs/detailed coding	J9047	MMDDYY	60	XXXXX	

PROCEDURE CODE (BOX 44)
Use CPT code representing procedure performed, such as: 96409, chemotherapy administration, intravenous push technique (including infusions less than 15 minutes), single or initial substance/drug.

Note: At the therapeutic dose of 27 mg/m² (KRd or K), KYPROLIS® is administered as a 10-minute IV infusion.

REVENUE CODES (BOX 42) AND DESCRIPTIONS (BOX 43)
Product
Medicare: Use revenue code 0636, drugs requiring detailed coding.

Other payers: Use revenue code 0250, general pharmacy (or 0636, if required by a given payer).

NOTE: Some payers may require to document KYPROLIS® NDC number in BOX 43. Specific payer requirements for reporting NDC may vary.

Related administration procedure
Use most appropriate revenue code for cost center where services were performed (eg, 0335 Chemotherapy-IV).

PRODUCT CODE (BOX 44) AND SERVICE UNITS (BOX 46)
Document use of product with J9047, injection, carfilzomib, 1 mg.

Report unit of service. For example, 60 units for J9047 corresponds to 60 mg of KYPROLIS®.

NOTE: JW/JZ Discard Modifier -- JW or JZ modifier required following HCPCS code (i.e., JXXXX-XX) for Medicare Part B claims for drugs in single-use containers. If required by payer to report unused drug from single-use vials (eg, Medicare), report KYPROLIS® J-code on 2 line items, indicating:*
- *Units for the administered dose on the first line*
- *JW modifier† and units for the discarded amount on the second line*

For example, if one 60 mg vial of KYPROLIS® is used to administer a calculated dose of 46 mg, 46 units for the administered dose would be reported on the first line and JW modifier along with 14 units for the discarded dose would be reported on the second line, as follows:

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
†0636	Drugs/detailed coding	J9047	MMDDYY	46	XXXXX
†0636	Drugs/detailed coding	J9047JW	MMDDYY	14	XXXXX

* Applies to Medicare fee-for-service; requirements for Medicare Advantage may vary by plan.

† The JW modifier is only applied to the amount of drug that is discarded. If there is no discarded amount of KYPROLIS®, it must be reported on a single line item without the JW modifier.

DIAGNOSIS CODE (BOX 67)
Document appropriate diagnosis code(s) corresponding to patient's diagnosis.

Examples of ICD-10-CM codes include:
C90.00, multiple myeloma not having achieved remission

C90.02, multiple myeloma in relapse

66 DX: C90.00

PAGE ____ OF ____

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC® National Uniform Billing Committee THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

These sample forms are intended as a reference for coding and billing for product and associated services. They are 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.

Please see Important Safety Information for KYPROLIS on page 10 of the folder.

Kyprolis® (carfilzomib) for Injection

SUPPORT SERVICES

AMGEN® Support+

We're right here, right when you need us

HCP Support Center

Amgen® SupportPlus Representatives can assist with issues around patient coverage, prior authorizations, co-pay programs, and more.

Benefits Verification
- Verify patient's insurance plan coverage details

Prior Authorization Requirements
- Provide payer-specific prior authorization forms
- Provide information to providers on payer-specific authorization requirements and submission methods

Amgen SupportPlus Customer Portal
- A tool for managing patient benefits verification and more
- Submit, store, and retrieve benefit verifications electronically

Virtual Access Specialist

An Amgen Access Specialist can provide virtual coverage and access resources to support your patients.

Contact your Amgen Access Specialist for virtual support that includes:
- Help with navigating prior authorization, appeals, and fulfillment processes
- Educating on payer requirements and necessary documentation for individual patient support
- Guidance on general reimbursement questions, including product coding and billing information
- Answers to general questions about Amgen SupportPlus programs and other available resources

AMGEN Support+ | Co-Pay Program

Helping eligible patients save on out-of-pocket costs

The Amgen SupportPlus Co-Pay Program is here to help eligible commercially insured patients pay for their out-of-pocket prescription costs.

- Pay as little as **$0* out-of-pocket** for each dose or cycle
- Can be applied to deductible, co-insurance, and co-payment*
- No income eligibility requirement

Encourage your patients with private or commercial insurance to check eligibility and enroll at AmgenSupportPlus.com/copay

*Eligibility criteria and program maximums apply. See AmgenSupportPlus.com/copay for full Terms and Conditions.

What if my patient doesn't have private or commercial insurance?

Amgen SupportPlus can provide your patients with information about independent nonprofit foundations that may be able to help.†

†Eligibility for resources provided by independent nonprofit patient assistance programs is based on the nonprofit's criteria. Amgen has no control over these programs and provides information as a courtesy only.

CALL **866-264-2778**
Monday to Friday, 8:30 am to 8:00 pm ET,
or visit **www.AmgenSupportPlus.com.**

Kyprolis® (carfilzomib) for Injection

PHYSICIAN OFFICE CODING AND BILLING INFORMATION SHEET FOR KYPROLIS® (CARFILZOMIB) FOR INJECTION

Item	Coding Information (HCPCS/CPT/ICD)	Notes
KYPROLIS	J9047, injection, carfilzomib, 1 mg[1]	**KYPROLIS VIALS:** KYPROLIS is supplied in single-dose vials containing 60 mg, 30 mg, or 10 mg of carfilzomib.[3] The NDC numbers for KYPROLIS, in the 11-digit format, are as follows[3]: - 60-mg vial: 76075-0101-01 **OR** 76075-0101-21 - 30-mg vial: 76075-0102-01 **OR** 76075-0102-21 - 10-mg vial: 76075-0103-01 **OR** 76075-0103-21 **MEDICARE MUE FOR KYPROLIS[3-6]:** Under Medicare fee-for-service, J9047 has a Medically Unlikely Edit (MUE). Based on the approved dosing range, Medicare will deny KYPROLIS claims billed for more than 210 units per date of service. - For example, at the BSA of up to 2.2 m^2, the calculated dose for Kd70 is up to 154 mg **JW/JZ MODIFIER[7]:** For unused drug from single-use vials, some payers (eg, Medicare fee-for-service) require providers to report the JW modifier on a claim and to document the discarded amount in the patient's medical record. NOTE: Effective for dates of service on or after July 1, 2023, Medicare Part B claims require the use of the new JZ modifier for single-use vials and containers when there are no discarded drug amounts. Medicare claims continue to require the use of the JW modifier (Drug amount discarded/not administered to any patient) for drugs and biologicals that are separately payable under Medicare Part B with discarded amounts from single-dose containers.‡
Administration	96413, chemotherapy administration, IV infusion technique; up to 1 hour, single or initial substance/drug[11] OR 96409, chemotherapy administration, intravenous push technique (including infusions less than 15 minutes), single or initial substance/drug[11]	KYPROLIS® can be administered as a 10-minute or 30-minute IV infusion, depending on the selected regimen[1]: - At the priming dose of 20 mg/m^2 and at the therapeutic dose of 70 mg/m^2 once-weekly (DKd or Kd): KYPROLIS® is administered as a 30-minute IV infusion. - At the priming dose of 20 mg/m^2 and at the therapeutic dose of 56 mg/m^2 twice-weekly (DKd, Kd, Isa-Kd, or K): KYPROLIS® is administered as a 30-minute IV infusion. - At the priming dose of 20 mg/m^2 and at the therapeutic dose of 27 mg/m^2 twice-weekly (KRd or K): KYPROLIS® is administered as a 10-minute IV infusion.
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:** C90.00, multiple myeloma not having achieved remission C90.02, multiple myeloma in relapse[12]

* 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.
‡ Reporting policies for discarded units for payers other than traditional fee-for-service Medicare may vary; providers should check with their specific plans about policies related to billing for discarded drug and use of the JW and JZ modifiers.

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.

BSA = body surface area; DKd = KYPROLIS® (carfilzomib)+daratumumab and dexamethasone; IV = intravenous; Kd = KYPROLIS® and dexamethasone; KRd = KYPROLIS®+lenalidomide and dexamethasone.

IMPORTANT SAFETY INFORMATION FOR KYPROLIS, continued

Tumor Lysis Syndrome

- Cases of Tumor Lysis Syndrome (TLS), including fatal outcomes, have occurred. Patients with 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, and withhold until resolved.

Please see additional Important Safety Information for KYPROLIS on page 10 of the folder.

Kyprolis® (carfilzomib) for injection

THE SAMPLE CMS 1500 FOR PHYSICIAN OFFICE — KYPROLIS® AT 70 mg/m² OR 56 mg/m²

Physician Office Administration of KYPROLIS® at the Therapeutic Dose of 70 mg/m² or 56 mg/m²

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE / MEDICAID / TRICARE / CHAMPVA / GROUP HEALTH PLAN / FECA BLK LUNG / OTHER	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Doe, John D	3. PATIENT'S BIRTH DATE: xx xx xx; SEX: M / F
5. PATIENT'S ADDRESS (No., Street): 5555 Any Street	6. PATIENT RELATIONSHIP TO INSURED: Self / Spouse / Child / Other
CITY: Any town; STATE: AS	8. RESERVED FOR NUCC USE
ZIP CODE: 01010; TELEPHONE (Include Area Code): (xxx) xxx-xxxx	

4. INSURED'S NAME (Last Name, First Name, Middle Initial): Doe, John D	
7. INSURED'S ADDRESS (No., Street)	
CITY	STATE
ZIP CODE	TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

a. OTHER INSURED'S POLICY OR GROUP NUMBER

b. RESERVED FOR NUCC USE

c. RESERVED FOR NUCC USE

d. INSURANCE PLAN NAME OR PROGRAM NAME

READ BACK OF FORM BEFORE COMPLE

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) ICD Ind.
A. C90.02 B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE / ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 xx xx xx xx xx xx	11		J9047		A	xxx xx	120		NPI	
2 xx xx xx xx xx xx	11		96413		A	xxx xx	1		NPI	
3									NPI	
4									NPI	
5									NPI	
6									NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN | 26. PATIENT'S ACCOUNT NO. | 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO | 28. TOTAL CHARGE $ | 29. AMOUNT PAID $ | 30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.

33. BILLING PROVIDER INFO & PH # ( ) a. NPI b.

NUCC Instruction Manual available at: www.nucc.org **PLEASE PRINT OR TYPE** APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

DIAGNOSIS CODE (BOX 21)

Document appropriate diagnosis code(s) corresponding to patient's diagnosis.
Line A – primary diagnosis code.

Examples of ICD-10-CM codes include:
C90.00, multiple myeloma not having achieved remission
C90.02, multiple myeloma in relapse

PRODUCT CODE (BOX 24D) AND SERVICE UNITS (BOX 24G)

Document use of product with J9047, injection, carfilzomib, 1 mg.
Report unit of service. For example, 120 units for J9047 corresponds to 120 mg of KYPROLIS®.

NOTE: JW/JZ Discard Modifier -- JW or JZ modifier required in box for Medicare Part B claims for drugs in single-use containers. If required by payer to report unused drug from single-use vials (eg, Medicare), report KYPROLIS® J-code on 2 line items, indicating:*
- *Units for the administered dose on the first line*
- *JW modifier† and units for the discarded amount on the second line*

For example, if two 60 mg vials of KYPROLIS® are used to administer a calculated dose of 119 mg, 119 units for the administered dose would be reported on the first line and JW modifier along with 1 unit for the discarded dose would be reported on the second line, as follows:

1	xx	xx	xx	xx	xx	xx	11		J9047						A		xxx	xx	119				
2	xx	xx	xx	xx	xx	xx	11		J9047	JW					A		xxx	xx	1				

* Applies to Medicare fee-for-service; requirements for Medicare Advantage may vary by plan.

† The JW modifier is only applied to the amount of drug that is discarded. If there is no discarded amount of KYPROLIS®, it must be reported on a single line item without the JW modifier.

NDC CODE (BOX 24A OR 24D)

NOTE: Some payers may require to document KYPROLIS® NDC number in BOX 24A or 24D.

Specific payer requirements for reporting NDC may vary.

DIAGNOSIS CODE POINTER (BOX 24E)

Specify diagnosis, from Box 21, relating to each CPT/HCPCS code listed in Box 24D.

These sample forms are intended as a reference for coding and billing for product and associated services. They are 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.

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

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE / MEDICAID / TRICARE / CHAMPVA / GROUP HEALTH PLAN / FECA BLK LUNG / OTHER	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Doe, John D	3. PATIENT'S BIRTH DATE: xx xx xx; SEX: M / F
5. PATIENT'S ADDRESS (No., Street): 5555 Any Street	6. PATIENT RELATIONSHIP TO INSURED: Self / Spouse / Child / Other
CITY: Any town; STATE: AS	8. RESERVED FOR NUCC USE
ZIP CODE: 01010; TELEPHONE (Include Area Code): (xxx) xxx-xxxx	

4. INSURED'S NAME (Last Name, First Name, Middle Initial): Doe, John D	
7. INSURED'S ADDRESS (No., Street)	
CITY	STATE
ZIP CODE	TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

a. OTHER INSURED'S POLICY OR GROUP NUMBER

b. RESERVED FOR NUCC USE

c. RESERVED FOR NUCC USE

d. INSURANCE PLAN NAME OR PROGRAM NAME

READ BACK OF FORM BEFORE COMPLE

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) ICD Ind.
A. C90.00 B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE / ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 xx xx xx xx xx xx	11		J9047		A	xxx	xx	60		NPI	
2 xx xx xx xx xx xx	11		96409		A	xxx	xx	1		NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN | 26. PATIENT'S ACCOUNT NO. | 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO | 28. TOTAL CHARGE $ | 29. AMOUNT PAID $ | 30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.

33. BILLING PROVIDER INFO & PH # ( ) a. NPI b.

NUCC Instruction Manual available at: www.nucc.org **PLEASE PRINT OR TYPE** APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

DIAGNOSIS CODE (BOX 21)

Document appropriate diagnosis code(s) corresponding to patient's diagnosis.
Line A – primary diagnosis code.

Examples of ICD-10-CM codes include:
C90.00, multiple myeloma not having achieved remission
C90.02, multiple myeloma in relapse.

PRODUCT CODE (BOX 24D) AND SERVICE UNITS (BOX 24G)

Document use of product with J9047, injection, carfilzomib, 1 mg.
Report unit of service. For example, 60 units for J9047 corresponds to 60 mg of KYPROLIS®.

NOTE: JW/JZ Discard Modifier -- JW or JZ modifier required in box for Medicare Part B claims for drugs in single-use containers. If required by payer to report unused drug from single-use vials (eg, Medicare), report KYPROLIS® J-code on 2 line items, indicating:*
- *Units for the administered dose on the first line*
- *JW modifier† and units for the discarded amount on the second line*

For example, if one 60 mg vial of KYPROLIS® is used to administer a calculated dose of 46 mg, 46 units for the administered dose would be reported on the first line and JW modifier along with 14 units for the discarded dose would be reported on the second line, as follows:

1	xx	xx	xx	xx	xx	xx	11		J9047						A		xxx	xx	46				
2	xx	xx	xx	xx	xx	xx	11		J9047	JW					A		xxx	xx	14				

*Applies to Medicare fee-for-service; requirements for Medicare Advantage may vary by plan.

† The JW modifier is only applied to the amount of drug that is discarded. If there is no discarded amount of KYPROLIS®, it must be reported on a single line item without the JW modifier.

NDC CODE (BOX 24A OR 24D)

NOTE: Some payers may require to document KYPROLIS® NDC number in BOX 24A or 24D.

Specific payer requirements for reporting NDC may vary.

DIAGNOSIS CODE POINTER (BOX 24E)

Specify diagnosis, from Box 21, relating to each CPT/HCPCS code listed in Box 24D.

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Please see Important Safety Information for KYPROLIS on page 10 of the folder.

Kyprolis® (carfilzomib) for Injection

SUPPORT SERVICES

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- Provide payer-specific prior authorization forms
- Provide information to providers on payer-specific authorization requirements and submission methods

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- A tool for managing patient benefits verification and more
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An Amgen Access Specialist can provide virtual coverage and access resources to support your patients.

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- Educating on payer requirements and necessary documentation for individual patient support
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- Answers to general questions about Amgen SupportPlus programs and other available resources

AMGEN Support+ | Co-Pay Program

Helping eligible patients save on out-of-pocket costs

The Amgen SupportPlus Co-Pay Program is here to help eligible commercially insured patients pay for their out-of-pocket prescription costs.

- Pay as little as **$0* out-of-pocket** for each dose or cycle
- Can be applied to deductible, co-insurance, and co-payment*
- No income eligibility requirement

Encourage your patients with private or commercial insurance to check eligibility and enroll at AmgenSupportPlus.com/copay

*Eligibility criteria and program maximums apply. See AmgenSupportPlus.com/copay for full Terms and Conditions.

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Amgen SupportPlus can provide your patients with information about independent nonprofit foundations that may be able to help.†

†Eligibility for resources provided by independent nonprofit patient assistance programs is based on the nonprofit's criteria. Amgen has no control over these programs and provides information as a courtesy only.

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Kyprolis® (carfilzomib) for Injection

KYPROLIS®

REIMBURSEMENT & ACCESS GUIDE

CONFIDENCE IN KYPROLIS® ACCESS

AMGEN® Support+

Amgen SupportPlus — personalized support providers and patients can count on.

INDICATIONS

- KYPROLIS® (carfilzomib) is indicated in combination with dexamethasone, or with lenalidomide plus dexamethasone, or with daratumumab plus dexamethasone, or with daratumumab plus hyaluronidase-fihj plus dexamethasone, or with isatuximab plus dexamethasone for the treatment of adult 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.

IMPORTANT SAFETY INFORMATION FOR KYPROLIS

Cardiac Toxicities

- New onset or worsening of pre-existing cardiac failure (e.g., congestive heart failure, pulmonary edema, decreased ejection fraction), 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 administration.
- Monitor patients for signs or symptoms of cardiac failure or ischemia. Evaluate promptly if cardiac toxicity is suspected. Withhold KYPROLIS for Grade 3 or 4 cardiac adverse reactions until recovery, and consider whether to restart at 1 dose level reduction based on a benefit/risk assessment.

Please see additional Important Safety Information for KYPROLIS on the next page.

Kyprolis® (carfilzomib) for Injection

KYPROLIS® OFFERS PROVEN EFFECTIVE TREATMENT OPTIONS IN RELAPSED OR REFRACTORY MULTIPLE MYELOMA (RRMM)

FDA-APPROVED KYPROLIS® TRIPLET REGIMENS:

Twice-weekly KRd27[1]

10-Minute Infusion Time

20 mg/m² Priming Dose on Days 1 and 2 of Cycle 1 to evaluate tolerability

27 mg/m² Target Therapeutic Dose starting on Day 8 of Cycle 1

Administer 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 doses of KYPROLIS® on Days 8 and 9.
Continue until disease progression or until unacceptable toxicity occurs. Discontinue KYPROLIS® after Cycle 18.

Once-weekly DKd70[1]

30-Minute Infusion Time

20 mg/m² Priming Dose on Day 1 of Cycle 1 to evaluate tolerability

70 mg/m² Target Therapeutic Dose starting on Day 8 of Cycle 1

Administer on 1 day each week for 3 weeks, followed by a 13-day rest period as part of a 28-day treatment cycle.
Continue until disease progression or until unacceptable toxicity occurs.

Twice-weekly DKd56[1]

30-Minute Infusion Time

20 mg/m² Priming Dose on Days 1 and 2 of Cycle 1 to evaluate tolerability

56 mg/m² Target Therapeutic Dose starting on Day 8 of Cycle 1

Administer on 2 consecutive days each week for 3 weeks, followed by a 12-day rest period as part of a 28-day treatment cycle.
Continue until disease progression or until unacceptable toxicity occurs.

Twice-weekly Isa-Kd56[1]

30-Minute Infusion Time

20 mg/m² Priming Dose on Days 1 and 2 of Cycle 1 to evaluate tolerability

56 mg/m² Target Therapeutic Dose starting on Day 8 of Cycle 1

Administer on 2 consecutive days each week for 3 weeks, followed by a 12-day rest period as part of a 28-day treatment cycle.
Continue until disease progression or until unacceptable toxicity occurs.

IMPORTANT SAFETY INFORMATION FOR KYPROLIS

Cardiac Toxicities, continued

- 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.
- For 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 prior to starting treatment with KYPROLIS and remain under close follow-up with fluid management.

Please see additional Important Safety Information for KYPROLIS on the next page.

FDA-APPROVED KYPROLIS® DOUBLET REGIMENS:

Once-weekly Kd70[1]

30-Minute Infusion Time

20 mg/m² Priming Dose on Day 1 of Cycle 1 to evaluate tolerability

70 mg/m² Target Therapeutic Dose starting on Day 8 of Cycle 1

Administer on 1 day each week for 3 weeks, followed by a 13-day rest period as part of a 28-day treatment cycle.
Continue until disease progression or unacceptable toxicity occurs.

Twice-weekly Kd56[1]

30-Minute Infusion Time

20 mg/m² Priming Dose on Days 1 and 2 of Cycle 1 to evaluate tolerability

56 mg/m² Target Therapeutic Dose starting on Day 8 of Cycle 1

Administer on 2 consecutive days each week for 3 weeks, followed by a 12-day rest period as part of a 28-day treatment cycle.
Continue until disease progression or unacceptable toxicity occurs.

4 carfilzomib (KYPROLIS®) combination therapies received NCCN Category 1 recommendations from the National Comprehensive Cancer Network® (NCCN®) for treating RRMM at first relapse and beyond.[2]

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) are used to inform individuals involved in cancer care of evidence supporting treatment recommendations.[3]

SELECT ADMINISTRATION PRECAUTIONS[1]

Adequate hydration is required

- Adequate hydration is required prior to dosing in Cycle 1, especially in patients at high risk of tumor lysis syndrome or renal toxicity
- Consider hydration with both oral fluids (30 mL/kg at least 48 hours before Cycle 1, Day 1) and IV fluids (250 mL to 500 mL of appropriate IV fluids prior to each dose in Cycle 1)
- If needed, give additional IV fluids following KYPROLIS® administration and continue oral and/or IV fluids, as needed, in subsequent cycles
- Monitor patients for evidence of volume overload and adjust hydration to individual patient needs, especially in patients with or at risk for cardiac failure. Modify dosing based on toxicity

DKd56 = KYPROLIS® + IV daratumumab + dexamethasone; DKd70 = KYPROLIS® + IV daratumumab + dexamethasone; FDA = Food and Drug Administration; IV = intravenous; Kd56 = KYPROLIS® + dexamethasone; Kd70 = KYPROLIS® + dexamethasone; KRd27 = KYPROLIS® + lenalidomide + dexamethasone; NCCN = National Comprehensive Cancer Network.

Refer to the full Prescribing Information and Dosing and Administration Guide for recommended actions and dose modifications.

Kyprolis® (carfilzomib) for Injection

KYPROLIS® OFFERS 3 SINGLE-DOSE VIAL SIZES

KYPROLIS® IS SUPPLIED IN 3 SINGLE-DOSE VIAL SIZES: 10 mg, 30 mg, OR 60 mg OF CARFILZOMIB.[1]

10-mg vial[1] | **30-mg vial[1]** | **60-mg vial[1]**

NDC number (11-digit format):	NDC number (11-digit format):	NDC number (11-digit format):
76075-0103-01 OR 76075-0103-21	**76075-0102-01 OR 76075-0102-21**	**76075-0101-01 OR 76075-0101-21**

It is important to bill for the correct number of units when submitting a claim—**1 mg of KYPROLIS® corresponds to 1 unit of service**.[4,5]

BILLING CONSIDERATIONS FOR KYPROLIS®

Correct conversion of used KYPROLIS® amount into billed units of service

Based on the assigned permanent J-code, 1 mg of KYPROLIS® corresponds to 1 unit of service:

- J9047, injection, carfilzomib, 1 mg[4,5]

Use of the JW modifier and appropriate documentation of discarded KYPROLIS® amount *(if required by payer)*

For drugs from single-use vials, Medicare* requires[6]:

- Reporting the JW modifier for claims with unused drug from single-use vials
- Documenting the discarded amount in the patient's medical record

For examples, see Coding and Billing Information Sheets for KYPROLIS®.

NOTE: Effective for dates of service on or after July 1, 2023, Medicare Part B claims require the use of the new JZ modifier for single-use vials and containers when there are no discarded drug amounts. Medicare claims continue to require the use of the JW modifier (Drug amount discarded/not administered to any patient) for drugs and biologicals that are separately payable under Medicare Part B with discarded amounts from single-dose containers.[6]

Claim edits with a limit on the number of KYPROLIS® units to be billed per date of service *(if implemented by payer)*

KYPROLIS® claims submitted to Medicare* are subject to the Medically Unlikely Edit (MUE):

- Based on the approved dosing range, Medicare will deny KYPROLIS® claims billed for more than 210 units per date of service[7-9]

For considerations on vial size selection and related examples, see the next page.

*Applies to Medicare Fee-for-Service; requirements for Medicare Advantage may vary by plan.

Reporting policies for discarded units for payers other than traditional fee-for-service Medicare may vary; providers should check with their specific plans about policies related to billing for discarded drug and use of the JW and JZ modifiers.

IMPORTANT SAFETY INFORMATION FOR KYPROLIS

Acute Renal Failure

- Cases of acute renal failure, including some fatal renal failure events, and renal insufficiency (including renal failure) have occurred. 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.

IMPORTANT SAFETY INFORMATION FOR KYPROLIS

Tumor Lysis Syndrome

- Cases of Tumor Lysis Syndrome (TLS), including fatal outcomes, have occurred. Patients with 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, and withhold until resolved.

Please see additional Important Safety Information for KYPROLIS on the next page.

KYPROLIS® DOSE IS CALCULATED BASED ON PATIENT BODY SURFACE AREA (BSA)[1]

DOSE CALCULATION EXAMPLES FOR A HYPOTHETICAL PATIENT WITH A BSA OF 2 m^2

27 mg/m^2 (KRd)	x	2 m^2	=	54 mg
56 mg/m^2 (DKd, Kd, or Isa-Kd)	x	2 m^2	=	112 mg
70 mg/m^2 (DKd or Kd)	x	2 m^2	=	140 mg

For patients with a BSA greater than 2.2 m^2, calculate the dose based upon a BSA of 2.2 m^2.

IMPORTANT SAFETY INFORMATION FOR KYPROLIS

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. Some events have been fatal. In the event of drug-induced pulmonary toxicity, discontinue KYPROLIS.

AMGEN® Support+

We're right here, right when you need us

AMGEN® Support+ | Co-Pay Program

Helping eligible patients save on out-of-pocket costs

The Amgen SupportPlus Co-Pay Program is here to help eligible commercially insured patients pay for their out-of-pocket prescription costs.

- Pay as little as **$0* out-of-pocket** for each dose or cycle
- Can be applied to deductible, co-insurance, and co-payment*
- No income eligibility requirement

Encourage your patients with private or commercial insurance to check eligibility and enroll at AmgenSupportPlus.com/copay

*Eligibility criteria and program maximums apply. See AmgenSupportPlus.com/copay for full Terms and Conditions.

What if my patient doesn't have private or commercial insurance?

Amgen SupportPlus can provide your patients with information about independent nonprofit foundations that may be able to help.†

†Eligibility for resources provided by independent nonprofit patient assistance programs is based on the nonprofit's criteria. Amgen has no control over these programs and provides information as a courtesy only.

Please see Important Safety Information for KYPROLIS on page 9.

Resources for healthcare professionals

HCP Support Center

Amgen® SupportPlus Representatives can assist with issues around patient coverage, prior authorizations, co-pay programs, and more.

Benefits Verification
- Verify patient's insurance plan coverage details

Prior Authorization Requirements
- Provide payer-specific prior authorization forms
- Provide information to providers on payer-specific authorization requirements and submission methods

Amgen SupportPlus Customer Portal
- A tool for managing patient benefits verification and more
- Submit, store, and retrieve benefit verifications electronically

Virtual Access Specialist

An Amgen Access Specialist can provide virtual coverage and access resources to support your patients.

Contact your Amgen Access Specialist for virtual support that includes:
- Help with navigating prior authorization, appeals, and fulfillment processes
- Educating on payer requirements and necessary documentation for individual patient support
- Guidance on general reimbursement questions, including product coding and billing information
- Answers to general questions about Amgen SupportPlus programs and other available resources

CALL **866-264-2778**
Monday to Friday, 8:30 am to 8:00 pm ET,
or visit www.AmgenSupportPlus.com.

IMPORTANT SAFETY INFORMATION FOR KYPROLIS

Pulmonary Hypertension

- Pulmonary arterial hypertension (PAH) was reported. 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 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 based on a benefit/risk assessment.

Hypertension

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

Venous Thrombosis

- Venous thromboembolic events (including deep venous thrombosis and pulmonary embolism) have been observed. Provide thromboprophylaxis for patients being treated with the combination of KYPROLIS with dexamethasone or with lenalidomide plus dexamethasone or with daratumumab and dexamethasone. The thromboprophylaxis regimen should be based on an assessment of the patient's underlying risks.
- For patients using hormonal contraception associated with a risk of thrombosis, consider an alternative method of effective contraception during treatment.

Infusion-Related Reactions

- Infusion-related reactions, including life-threatening reactions, have occurred. Signs and symptoms include fever, chills, arthralgia, myalgia, facial flushing, facial edema, laryngeal 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. Premedicate with dexamethasone to reduce the incidence and severity of infusion-related reactions.

Hemorrhage

- Fatal or serious cases of hemorrhage have been reported. Hemorrhagic events have included gastrointestinal, pulmonary, and intracranial hemorrhage and epistaxis. Promptly evaluate signs and symptoms of blood loss. Reduce or withhold dose as appropriate.

Thrombocytopenia

- KYPROLIS causes thrombocytopenia with recovery to baseline platelet count usually by the start of the next cycle. Monitor platelet counts frequently during treatment. Reduce or withhold dose as appropriate.

Hepatic Toxicity and Hepatic Failure

- Cases of hepatic failure, including fatal cases, have occurred. 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. Monitor for signs and symptoms of TTP/HUS. Discontinue if diagnosis is suspected. If the diagnosis of TTP/HUS is excluded, KYPROLIS may be restarted. The safety of reinitiating KYPROLIS is not known.

Posterior Reversible Encephalopathy Syndrome (PRES)

- Cases of PRES have occurred in patients receiving KYPROLIS. If PRES is suspected, discontinue and evaluate with appropriate imaging. The safety of reinitiating KYPROLIS is not known.

Progressive Multifocal Leukoencephalopathy (PML)

- Cases of PML, including fatal cases, have occurred. In addition to KYPROLIS, other contributary factors may include prior or concurrent use of immunosuppressive therapy. Consider PML in any patient with new onset of or changes in pre-existing neurological signs or symptoms. If PML is suspected, discontinue and initiate evaluation for PML including neurology consultation.

Increased Fatal and Serious Toxicities in Combination with Melphalan and Prednisone in Newly Diagnosed Transplant-ineligible Patients

- In a clinical trial of transplant-ineligible patients with newly diagnosed multiple myeloma comparing KYPROLIS, melphalan, and prednisone (KMP) vs bortezomib, melphalan, and prednisone (VMP), a higher incidence of serious and fatal adverse reactions was observed in patients in the KMP arm. KMP is not indicated for transplant-ineligible patients with newly diagnosed multiple myeloma.

Embryo-fetal Toxicity

- KYPROLIS can cause fetal harm when administered to a pregnant woman.
- Advise pregnant women of the potential risk to a fetus. Females of reproductive potential should use effective contraception during treatment with KYPROLIS and for 6 months following the final dose. Males of reproductive potential should use effective contraception during treatment with KYPROLIS and for 3 months following the final dose.

Adverse Reactions

- The most common adverse reactions occurring in at least 20% of patients taking KYPROLIS in the combination therapy trials: anemia, diarrhea, hypertension, fatigue, upper respiratory tract infection, thrombocytopenia, pyrexia, cough, dyspnea, and insomnia.
- The most common adverse reactions occurring in at least 20% of patients taking KYPROLIS in monotherapy trials: anemia, fatigue, thrombocytopenia, nausea, pyrexia, dyspnea, diarrhea, headache, cough, edema peripheral.

Please click here for full Prescribing Information.

Kyprolis® (carfilzomib) for Injection

CONFIDENCE ON KYPROLIS® ACCESS

POWER POSSIBILITIES AT FIRST RELAPSE

CHOOSE A KYPROLIS® COMBINATION FOR YOUR APPROPRIATE PATIENTS WITH RRMM

Call **866-264-2778** Monday to Friday, 8:30 am to 8:00 pm ET,
or visit **www.AmgenSupportPlus.com.**

References: 1. KYPROLIS® (carfilzomib) prescribing information. Onyx Pharmaceuticals, Inc., an Amgen Inc. subsidiary. **2.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Multiple Myeloma V.4.2026. © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. Accessed December 10, 2025. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. **3.** National Comprehensive Cancer Network. About Clinical Practice Guidelines. https://www.nccn.org/guidelines/guidelines-process/about-nccn-clinical-practice-guidelines. Accessed December 10, 2025. **4.** CMS. 2020 Table of Drugs. https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Downloads/2020-Table-of-Drugs.pdf. Accessed December 10, 2025. **5.** CMS. 2020 Alpha-Numeric HCPCS File. https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2020-Alpha-Numeric-HCPCS-File. Accessed December 10, 2025. **6.** 2023 Physician Fee Schedule Final Rule (87 FR 69710 - 69734, November 18, 2022); 2023 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule (87 FR 71988, 72082 - 72083, November 23, 2022); Medicare Program, Discarded Drugs and Biologicals–JW Modifier and JZ Modifier Policy, Frequently Asked Questions, available at https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf. Accessed December 10, 2025. **7.** CMS. Medically Unlikely Edits - Facility Outpatient Hospital Services MUE Table – Effective 07-01-2023. https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html. Accessed December 10, 2025. **8.** CMS. Medically Unlikely Edits - Practitioner Services MUE Table – Effective 07-01-2023. https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html. Accessed December 10, 2025. **9.** CMS. Medicare NCCI 2021 Coding Policy Manual. Chapter 1. https://www.cms.gov/files/document/chapter1generalcorrectcodingpoliciesfinal112021.pdf. Accessed December 10, 2025. **10.** CMS, Part B Inflation Rebate Guidance: Use of the 340B Modifiers, December 20, 2022, available at: https://www.cms.gov/files/document/part-b-inflation-rebate-guidance340b-modifierfinal.pdf. Accessed December 10, 2025. **11.** American Medical Association. Current Procedural Terminology (CPT®) Professional Edition. Copyright 2023. All rights reserved. 2023. **12.** CMS. ICD-10-CM. 2023.

AMGEN

USA-171-82357 01/26

Kyprolis® (carfilzomib) for Injection

HOSPITAL OUTPATIENT CODING AND BILLING INFORMATION SHEET FOR KYPROLIS® (CARFILZOMIB) FOR INJECTION

Item	Revenue Code	Coding Information (HCPCS/CPT/ICD)	Notes
KYPROLIS	**Medicare:** 0636, drugs requiring detailed coding **Other Payers:** 0250, general pharmacy; **OR** 0636, if required by a given payer	J9047, injection, carfilzomib, 1 mg[1]	**KYPROLIS VIALS:** KYPROLIS is supplied in single-dose vials containing 60 mg, 30 mg, or 10 mg of carfilzomib.[3] The NDC numbers for KYPROLIS, in the 11-digit format, are as follows[3]: - 60-mg vial: 76075-0101-01 **OR** 76075-0101-21 - 30-mg vial: 76075-0102-01 **OR** 76075-0102-21 - 10-mg vial: 76075-0103-01 **OR** 76075-0103-21 **MEDICARE MUE FOR KYPROLIS[3-6]:** Under Medicare,* J9047 has a Medically Unlikely Edit (MUE). Based on the approved dosing range, Medicare will deny KYPROLIS claims billed for more than 210 units per date of service. - For example, at the BSA of up to 2.2 m^2, the calculated dose for Kd70 is up to 154 mg **JW/JZ MODIFIER[7]:** For unused drug from single use vials, some payers (eg, Medicare*) require providers to report the JW modifier on a claim and to document the discarded amount in the patient's medical record. NOTE: Effective for dates of service on or after July 1, 2023, Medicare Part B claims require the use of the new JZ modifier for single-use vials and containers when there are no discarded drug amounts. Medicare claims continue to require the use of the JW modifier (Drug amount discarded/not administered to any patient) for drugs and biologicals that are separately payable under Medicare Part B with discarded amounts from single-dose containers.[10,†]
Administration	Appropriate revenue code for the cost center in which the service is performed	96413, chemotherapy administration, IV infusion technique; up to 1 hour, single or initial substance/drug[11] OR 96409, chemotherapy administration, intravenous push technique (including infusions less than 15 minutes), single or initial substance/drug[11]	KYPROLIS® can be administered as a 10-minute or 30-minute IV infusion, depending on the selected regimen[1]: - At the priming dose of 20 mg/m^2 and at the therapeutic dose of 70 mg/m^2 once-weekly (Kd or DKd): KYPROLIS® is administered as a 30-minute IV infusion. - At the priming dose of 20 mg/m^2 and at the therapeutic dose of 56 mg/m^2 twice-weekly (Kd, DKd, Isa-Kd, or K): KYPROLIS® is administered as a 30-minute IV infusion. - At the priming dose of 20 mg/m^2 and at the therapeutic dose of 27 mg/m^2 twice-weekly (KRd or K): KYPROLIS® is administered as a 10-minute IV infusion.
Diagnosis/ Condition	N/A	Appropriate diagnosis code(s) for patient condition	**ICD-10-CM Examples:** C90.00, multiple myeloma not having achieved remission C90.02, multiple myeloma in relapse[12]

Beginning January 1, 2023, Medicare requires that all claims submitted by 340B covered entities on OPPS claims (bill type 13X) for separately payable Part B drugs and biologicals must include modifiers "JG" (Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes) or "TB" (Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes for select entities) on claim lines for drugs acquired through the 340B Drug Discount Program. Additional provider types will be required to use these modifiers in 2024.[10]

*Applies to Medicare fee-for-service; requirements for Medicare Advantage may vary by plan.

†Reporting policies for discard units for payers other than traditional fee-for-service Medicare may vary; providers should check with their specific plans about policies related to billing for discarded drug and use of the JW and JZ modifiers.

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.

BSA = body surface area; DKd = KYPROLIS® (carfilzomib)+daratumumab and dexamethasone; IV = intravenous; Kd = KYPROLIS® and dexamethasone; KRd = KYPROLIS®+lenalidomide and dexamethasone.

IMPORTANT SAFETY INFORMATION FOR KYPROLIS, continued

Acute Renal Failure

- Cases of acute renal failure, including some fatal renal failure events, and renal insufficiency (including renal failure) have occurred. 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 for KYPROLIS on page 9 of the folder.

Kyprolis® (carfilzomib) for Injection

THE SAMPLE UB-04 (CMS 1450) FOR HOSPITAL OUTPATIENT — KYPROLIS® AT 70 mg/m² OR 56 mg/m²

Hospital Outpatient Administration of KYPROLIS® at the Therapeutic Dose of 70 mg/m² or 56 mg/m²

Any town Hospital
100 Main Street
Any town, Any state 01010

8 PATIENT NAME: Smith, Jane
9 PATIENT ADDRESS: 123 Main Street, Any town, Any state 12345

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0335	Chemotherapy-IV	96413	MMDDYY	1	XXXXX	
0636	Drugs/detailed coding	J9047	MMDDYY	120	XXXXX	

PROCEDURE CODE (BOX 44)
Use CPT code representing procedure performed, such as: 96413, chemotherapy administration, IV infusion technique; up to 1 hour, single or initial substance/drug.

Note: At the therapeutic dose of 70 mg/m² (Kd or DKd) or 56 mg/m² (Kd, DKd, or K), KYPROLIS is administered as a 30-minute IV infusion.

REVENUE CODES (BOX 42) AND DESCRIPTIONS (BOX 43) Product
Medicare: Use revenue code 0636, drugs requiring detailed coding.

Other payers: Use revenue code 0250, general pharmacy (or 0636, if required by a given payer).

NOTE: Some payers may require to document KYPROLIS® NDC number in BOX 43. Specific payer requirements for reporting NDC may vary.

Related administration procedure
Use most appropriate revenue code for cost center where services were performed (eg, 0335 Chemotherapy-IV).

PRODUCT CODE (BOX 44) AND SERVICE UNITS (BOX 46)
Document use of product with J9047, injection, carfilzomib, 1 mg.

Report unit of service. For example, 120 units for J9047 corresponds to 120 mg of KYPROLIS®.

NOTE: JW/JZ Discard Modifier -- JW or JZ modifier required following HCPCS code (i.e., JXXXX-XX) for Medicare Part B claims for drugs in single-use containers. If required by payer to report unused drug from single-use vials (eg, Medicare), report KYPROLIS® J-code on 2 line items, indicating:*
- *Units for the administered dose on the first line*
- *JW modifier† and units for the discarded amount on the second line*

For example, if two 60 mg vials of KYPROLIS® are used to administer a calculated dose of 119 mg, 119 units for the administered dose would be reported on the first line, and JW modifier along with 1 unit for the discarded dose would be reported on the second line, as follows:

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
0636	Drugs/detailed coding	J9047	MMDDYY	119	XXXXX
†0636	Drugs/detailed coding	J9047JW	MMDDYY	1	XXXXX

* Applies to Medicare fee-for-service; requirements for Medicare Advantage may vary by plan.

† The JW modifier is only applied to the amount of drug that is discarded. If there is no discarded amount of KYPROLIS®, it must be reported on a single line item without the JW modifier.

DIAGNOSIS CODE (BOX 67)
Document appropriate diagnosis code(s) corresponding to patient's diagnosis.

Examples of ICD-10-CM codes include:
C90.00, multiple myeloma not having achieved remission

C90.02, multiple myeloma in relapse

66 DX: C90.02

PAGE ____ OF ____

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC® National Uniform Billing Committee THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

These sample forms are intended as a reference for coding and billing for product and associated services. They are 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.

THE SAMPLE UB-04 (CMS 1450) FOR HOSPITAL OUTPATIENT — KYPROLIS® AT 27 mg/m²

Hospital Outpatient Administration of KYPROLIS® at the Therapeutic Dose of 27 mg/m²

Any town Hospital
100 Main Street
Any town, Any state 01010

8 PATIENT NAME: Smith, Jane
9 PATIENT ADDRESS: 123 Main Street, Any town, Any state 12345

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0335	Chemotherapy-IV	96409	MMDDYY	1	XXXXX	
0636	Drugs/detailed coding	J9047	MMDDYY	60	XXXXX	

PROCEDURE CODE (BOX 44)
Use CPT code representing procedure performed, such as: 96409, chemotherapy administration, intravenous push technique (including infusions less than 15 minutes), single or initial substance/drug.

Note: At the therapeutic dose of 27 mg/m² (KRd or K), KYPROLIS® is administered as a 10-minute IV infusion.

REVENUE CODES (BOX 42) AND DESCRIPTIONS (BOX 43) Product
Medicare: Use revenue code 0636, drugs requiring detailed coding.

Other payers: Use revenue code 0250, general pharmacy (or 0636, if required by a given payer).

NOTE: Some payers may require to document KYPROLIS® NDC number in BOX 43. Specific payer requirements for reporting NDC may vary.

Related administration procedure
Use most appropriate revenue code for cost center where services were performed (eg, 0335 Chemotherapy-IV).

PRODUCT CODE (BOX 44) AND SERVICE UNITS (BOX 46)
Document use of product with J9047, injection, carfilzomib, 1 mg.

Report unit of service. For example, 60 units for J9047 corresponds to 60 mg of KYPROLIS®.

NOTE: JW/JZ Discard Modifier -- JW or JZ modifier required following HCPCS code (i.e., JXXXX-XX) for Medicare Part B claims for drugs in single-use containers. If required by payer to report unused drug from single-use vials (eg, Medicare), report KYPROLIS® J-code on 2 line items, indicating:*
- *Units for the administered dose on the first line*
- *JW modifier† and units for the discarded amount on the second line*

For example, if one 60 mg vial of KYPROLIS® is used to administer a calculated dose of 46 mg, 46 units for the administered dose would be reported on the first line and JW modifier along with 14 units for the discarded dose would be reported on the second line, as follows:

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
0636	Drugs/detailed coding	J9047	MMDDYY	46	XXXXX
†0636	Drugs/detailed coding	J9047JW	MMDDYY	14	XXXXX

* Applies to Medicare fee-for-service; requirements for Medicare Advantage may vary by plan.

† The JW modifier is only applied to the amount of drug that is discarded. If there is no discarded amount of KYPROLIS®, it must be reported on a single line item without the JW modifier.

DIAGNOSIS CODE (BOX 67)
Document appropriate diagnosis code(s) corresponding to patient's diagnosis.

Examples of ICD-10-CM codes include:
C90.00, multiple myeloma not having achieved remission

C90.02, multiple myeloma in relapse

66 DX: C90.00

PAGE ____ OF ____

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC® National Uniform Billing Committee THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

These sample forms are intended as a reference for coding and billing for product and associated services. They are 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.

Please see Important Safety Information for KYPROLIS on page 9 of the folder.

Kyprolis® (carfilzomib) for Injection

SUPPORT SERVICES

AMGEN® Support+

We're right here, right when you need us

HCP Support Center

Amgen® SupportPlus Representatives can assist with issues around patient coverage, prior authorizations, co-pay programs, and more.

Benefits Verification
- Verify patient's insurance plan coverage details

Prior Authorization Requirements
- Provide payer-specific prior authorization forms
- Provide information to providers on payer-specific authorization requirements and submission methods

Amgen SupportPlus Customer Portal
- A tool for managing patient benefits verification and more
- Submit, store, and retrieve benefit verifications electronically

Virtual Access Specialist

An Amgen Access Specialist can provide virtual coverage and access resources to support your patients.

Contact your Amgen Access Specialist for virtual support that includes:
- Help with navigating prior authorization, appeals, and fulfillment processes
- Educating on payer requirements and necessary documentation for individual patient support
- Guidance on general reimbursement questions, including product coding and billing information
- Answers to general questions about Amgen SupportPlus programs and other available resources

AMGEN Support+ | Co-Pay Program

Helping eligible patients save on out-of-pocket costs

The Amgen SupportPlus Co-Pay Program is here to help eligible commercially insured patients pay for their out-of-pocket prescription costs.

- Pay as little as **$0* out-of-pocket** for each dose or cycle
- Can be applied to deductible, co-insurance, and co-payment*
- No income eligibility requirement

Encourage your patients with private or commercial insurance to check eligibility and enroll at AmgenSupportPlus.com/copay

*Eligibility criteria and program maximums apply. See AmgenSupportPlus.com/copay for full Terms and Conditions.

What if my patient doesn't have private or commercial insurance?

Amgen SupportPlus can provide your patients with information about independent nonprofit foundations that may be able to help.†

†Eligibility for resources provided by independent nonprofit patient assistance programs is based on the nonprofit's criteria. Amgen has no control over these programs and provides information as a courtesy only.

CALL **866-264-2778**
Monday to Friday, 8:30 am to 8:00 pm ET,
or visit **www.AmgenSupportPlus.com.**

Kyprolis® (carfilzomib) for injection

PHYSICIAN OFFICE CODING AND BILLING INFORMATION SHEET FOR KYPROLIS® (CARFILZOMIB) FOR INJECTION

Item	Coding Information (HCPCS/CPT/ICD)	Notes
KYPROLIS	J9047, injection, carfilzomib, 1 mg[1]	**KYPROLIS VIALS:** KYPROLIS is supplied in single-dose vials containing 60 mg, 30 mg, or 10 mg of carfilzomib.[3] The NDC numbers for KYPROLIS, in the 11-digit format, are as follows[3]: - 60-mg vial: 76075-0101-01 **OR** 76075-0101-21 - 30-mg vial: 76075-0102-01 **OR** 76075-0102-21 - 10-mg vial: 76075-0103-01 **OR** 76075-0103-21 **MEDICARE MUE FOR KYPROLIS[3-6]:** Under Medicare fee-for-service, J9047 has a Medically Unlikely Edit (MUE). Based on the approved dosing range, Medicare will deny KYPROLIS claims billed for more than 210 units per date of service. - For example, at the BSA of up to 2.2 m^2, the calculated dose for Kd70 is up to 154 mg **JW/JZ MODIFIER[7]:** For unused drug from single-use vials, some payers (eg, Medicare fee-for-service) require providers to report the JW modifier on a claim and to document the discarded amount in the patient's medical record. NOTE: Effective for dates of service on or after July 1, 2023, Medicare Part B claims require the use of the new JZ modifier for single-use vials and containers when there are no discarded drug amounts. Medicare claims continue to require the use of the JW modifier (Drug amount discarded/not administered to any patient) for drugs and biologicals that are separately payable under Medicare Part B with discarded amounts from single-dose containers.‡
Administration	96413, chemotherapy administration, IV infusion technique; up to 1 hour, single or initial substance/drug[11] OR 96409, chemotherapy administration, intravenous push technique (including infusions less than 15 minutes), single or initial substance/drug[11]	KYPROLIS® can be administered as a 10-minute or 30-minute IV infusion, depending on the selected regimen[1]: - At the priming dose of 20 mg/m^2 and at the therapeutic dose of 70 mg/m^2 once-weekly (DKd or Kd): KYPROLIS® is administered as a 30-minute IV infusion. - At the priming dose of 20 mg/m^2 and at the therapeutic dose of 56 mg/m^2 twice-weekly (DKd, Kd, Isa-Kd, or K): KYPROLIS® is administered as a 30-minute IV infusion. - At the priming dose of 20 mg/m^2 and at the therapeutic dose of 27 mg/m^2 twice-weekly (KRd or K): KYPROLIS® is administered as a 10-minute IV infusion.
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:** C90.00, multiple myeloma not having achieved remission C90.02, multiple myeloma in relapse[12]

* 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.
‡ Reporting policies for discarded units for payers other than traditional fee-for-service Medicare may vary; providers should check with their specific plans about policies related to billing for discarded drug and use of the JW and JZ modifiers.

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.

BSA = body surface area; DKd = KYPROLIS® (carfilzomib)+daratumumab and dexamethasone; IV = intravenous; Kd = KYPROLIS® and dexamethasone; KRd = KYPROLIS®+lenalidomide and dexamethasone.

IMPORTANT SAFETY INFORMATION FOR KYPROLIS, continued

Tumor Lysis Syndrome

- Cases of Tumor Lysis Syndrome (TLS), including fatal outcomes, have occurred. Patients with 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, and withhold until resolved.

Please see additional Important Safety Information for KYPROLIS on page 9 of the folder.

Kyprolis® (carfilzomib) for injection

THE SAMPLE CMS 1500 FOR PHYSICIAN OFFICE — KYPROLIS® AT 70 mg/m² OR 56 mg/m²

Physician Office Administration of KYPROLIS® at the Therapeutic Dose of 70 mg/m² or 56 mg/m²

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE / MEDICAID / TRICARE / CHAMPVA / GROUP HEALTH PLAN / FECA BLK LUNG / OTHER	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Doe, John D	3. PATIENT'S BIRTH DATE (MM DD YY): xx xx xx; SEX: M / F	4. INSURED'S NAME (Last Name, First Name, Middle Initial): Doe, John D
5. PATIENT'S ADDRESS (No., Street): 5555 Any Street	6. PATIENT RELATIONSHIP TO INSURED: Self / Spouse / Child / Other	7. INSURED'S ADDRESS (No., Street)
CITY: Any town; STATE: AS	8. RESERVED FOR NUCC USE	CITY / STATE
ZIP CODE: 01010; TELEPHONE (Include Area Code): (xxx) xxx-xxxx		ZIP CODE / TELEPHONE (Include Area Code): ( )
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		
a. OTHER INSURED'S POLICY OR GROUP NUMBER		
b. RESERVED FOR NUCC USE		
c. RESERVED FOR NUCC USE		
d. INSURANCE PLAN NAME OR PROGRAM NAME		

READ BACK OF FORM BEFORE COMPLE...

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (relate A-L to service line below (24E)) ICD Ind.
A. C90.02 B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE / ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 xx xx xx	xx xx xx	11		J9047		A	xxx xx	120		NPI	
2 xx xx xx	xx xx xx	11		96413		A	xxx xx	1		NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES / NO	28. TOTAL CHARGE $	29. AMOUNT PAID $	30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # ( )
SIGNED DATE	a. NPI b.	a. NPI b.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org **PLEASE PRINT OR TYPE** APPROVED OMB-0938-1197 FORM 1500 (02-12)

DIAGNOSIS CODE (BOX 21)

Document appropriate diagnosis code(s) corresponding to patient's diagnosis.
Line A – primary diagnosis code.

Examples of ICD-10-CM codes include:
C90.00, multiple myeloma not having achieved remission
C90.02, multiple myeloma in relapse

PRODUCT CODE (BOX 24D) AND SERVICE UNITS (BOX 24G)

Document use of product with J9047, injection, carfilzomib, 1 mg.
Report unit of service. For example, 120 units for J9047 corresponds to 120 mg of KYPROLIS®.

NOTE: JW/JZ Discard Modifier -- JW or JZ modifier required in box for Medicare Part B claims for drugs in single-use containers. If required by payer to report unused drug from single-use vials (eg, Medicare), report KYPROLIS® J-code on 2 line items, indicating:*
- *Units for the administered dose on the first line*
- *JW modifier† and units for the discarded amount on the second line*

For example, if two 60 mg vials of KYPROLIS® are used to administer a calculated dose of 119 mg, 119 units for the administered dose would be reported on the first line and JW modifier along with 1 unit for the discarded dose would be reported on the second line, as follows:

	24. A. From	To	B.	C.	D. CPT/HCPCS	MODIFIER	E.	F.	G.	H.	I.	J.
1	xx xx xx	xx xx xx	11		J9047		A	xxx xx	119			
2	xx xx xx	xx xx xx	11		J9047	JW	A	xxx xx	1			

* Applies to Medicare fee-for-service; requirements for Medicare Advantage may vary by plan.

† The JW modifier is only applied to the amount of drug that is discarded. If there is no discarded amount of KYPROLIS®, it must be reported on a single line item without the JW modifier.

NDC CODE (BOX 24A OR 24D)

NOTE: Some payers may require to document KYPROLIS® NDC number in BOX 24A or 24D.

Specific payer requirements for reporting NDC may vary.

DIAGNOSIS CODE POINTER (BOX 24E)

Specify diagnosis, from Box 21, relating to each CPT/HCPCS code listed in Box 24D.

These sample forms are intended as a reference for coding and billing for product and associated services. They are 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.

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

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE / MEDICAID / TRICARE / CHAMPVA / GROUP HEALTH PLAN / FECA BLK LUNG / OTHER	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Doe, John D	3. PATIENT'S BIRTH DATE (MM DD YY): xx xx xx; SEX: M / F	4. INSURED'S NAME (Last Name, First Name, Middle Initial): Doe, John D
5. PATIENT'S ADDRESS (No., Street): 5555 Any Street	6. PATIENT RELATIONSHIP TO INSURED: Self / Spouse / Child / Other	7. INSURED'S ADDRESS (No., Street)
CITY: Any town; STATE: AS	8. RESERVED FOR NUCC USE	CITY / STATE
ZIP CODE: 01010; TELEPHONE (Include Area Code): (xxx) xxx-xxxx		ZIP CODE / TELEPHONE (Include Area Code): ( )
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		
a. OTHER INSURED'S POLICY OR GROUP NUMBER		
b. RESERVED FOR NUCC USE		
c. RESERVED FOR NUCC USE		
d. INSURANCE PLAN NAME OR PROGRAM NAME		

READ BACK OF FORM BEFORE COMPLE...

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (relate A-L to service line below (24E)) ICD Ind.
A. C90.00 B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE / ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 xx xx xx	xx xx xx	11		J9047		A	xxx	xx 60		NPI	
2 xx xx xx	xx xx xx	11		96409		A	xxx	xx 1		NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES / NO	28. TOTAL CHARGE $	29. AMOUNT PAID $	30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # ( )
SIGNED DATE	a. NPI b.	a. NPI b.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

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DIAGNOSIS CODE (BOX 21)

Document appropriate diagnosis code(s) corresponding to patient's diagnosis.
Line A – primary diagnosis code.

Examples of ICD-10-CM codes include:
C90.00, multiple myeloma not having achieved remission
C90.02, multiple myeloma in relapse.

PRODUCT CODE (BOX 24D) AND SERVICE UNITS (BOX 24G)

Document use of product with J9047, injection, carfilzomib, 1 mg.
Report unit of service. For example, 60 units for J9047 corresponds to 60 mg of KYPROLIS®.

NOTE: JW/JZ Discard Modifier -- JW or JZ modifier required in box for Medicare Part B claims for drugs in single-use containers. If required by payer to report unused drug from single-use vials (eg, Medicare), report KYPROLIS® J-code on 2 line items, indicating:*
- *Units for the administered dose on the first line*
- *JW modifier† and units for the discarded amount on the second line*

For example, if one 60 mg vial of KYPROLIS® is used to administer a calculated dose of 46 mg, 46 units for the administered dose would be reported on the first line and JW modifier along with 14 units for the discarded dose would be reported on the second line, as follows:

	24. A. From	To	B.	C.	D. CPT/HCPCS	MODIFIER	E.	F.	G.	H.	I.	J.
1	xx xx xx	xx xx xx	11		J9047		A	xxx xx	46			
2	xx xx xx	xx xx xx	11		J9047	JW	A	xxx xx	14			

*Applies to Medicare fee-for-service; requirements for Medicare Advantage may vary by plan.

† The JW modifier is only applied to the amount of drug that is discarded. If there is no discarded amount of KYPROLIS®, it must be reported on a single line item without the JW modifier.

NDC CODE (BOX 24A OR 24D)

NOTE: Some payers may require to document KYPROLIS® NDC number in BOX 24A or 24D.

Specific payer requirements for reporting NDC may vary.

DIAGNOSIS CODE POINTER (BOX 24E)

Specify diagnosis, from Box 21, relating to each CPT/HCPCS code listed in Box 24D.

These sample forms are intended as a reference for coding and billing for product and associated services. They are 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.

Please see Important Safety Information for KYPROLIS on page 9 of the folder.

Kyprolis® (carfilzomib) for Injection

SUPPORT SERVICES

AMGEN® Support+

We're right here, right when you need us

HCP Support Center

Amgen® SupportPlus Representatives can assist with issues around patient coverage, prior authorizations, co-pay programs, and more.

Benefits Verification
- Verify patient's insurance plan coverage details

Prior Authorization Requirements
- Provide payer-specific prior authorization forms
- Provide information to providers on payer-specific authorization requirements and submission methods

Amgen SupportPlus Customer Portal
- A tool for managing patient benefits verification and more
- Submit, store, and retrieve benefit verifications electronically

Virtual Access Specialist

An Amgen Access Specialist can provide virtual coverage and access resources to support your patients.

Contact your Amgen Access Specialist for virtual support that includes:
- Help with navigating prior authorization, appeals, and fulfillment processes
- Educating on payer requirements and necessary documentation for individual patient support
- Guidance on general reimbursement questions, including product coding and billing information
- Answers to general questions about Amgen SupportPlus programs and other available resources

AMGEN Support+ | Co-Pay Program

Helping eligible patients save on out-of-pocket costs

The Amgen SupportPlus Co-Pay Program is here to help eligible commercially insured patients pay for their out-of-pocket prescription costs.

- Pay as little as **$0* out-of-pocket** for each dose or cycle
- Can be applied to deductible, co-insurance, and co-payment*
- No income eligibility requirement

Encourage your patients with private or commercial insurance to check eligibility and enroll at AmgenSupportPlus.com/copay

*Eligibility criteria and program maximums apply. See AmgenSupportPlus.com/copay for full Terms and Conditions.

What if my patient doesn't have private or commercial insurance?

Amgen SupportPlus can provide your patients with information about independent nonprofit foundations that may be able to help.†

†Eligibility for resources provided by independent nonprofit patient assistance programs is based on the nonprofit's criteria. Amgen has no control over these programs and provides information as a courtesy only.

CALL **866-264-2778**
Monday to Friday, 8:30 am to 8:00 pm ET,
or visit **www.AmgenSupportPlus.com.**

Kyprolis® (carfilzomib) for Injection