

## SPECIALTY GUIDELINE MANAGEMENT

### VELCADE (bortezomib)

#### POLICY

##### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

###### A. FDA-Approved Indications

1. Multiple myeloma
2. Mantle cell lymphoma

###### B. Compendial Uses

1. Systemic light chain amyloidosis
2. Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma
3. Multicentric Castleman's disease

All other indications are considered experimental/investigational and are not covered benefits.

##### II. CRITERIA FOR INITIAL APPROVAL

###### A. **Multiple myeloma**

Authorization of 12 months may be granted for the treatment of multiple myeloma.

###### B. **Mantle cell lymphoma**

Authorization of 12 months may be granted for the treatment of mantle cell lymphoma.

###### C. **Multicentric Castleman's disease**

Authorization of 12 months may be granted for the treatment of multicentric Castleman's disease.

###### D. **Systemic light chain amyloidosis**

Authorization of 12 months may be granted for the treatment of systemic light chain amyloidosis.

###### E. **Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma**

Authorization of 12 months may be granted for the treatment of Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma.

##### III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet ALL initial authorization criteria.

##### IV. REFERENCES

1. Velcade [package insert]. Cambridge, MA: Millenium Pharmaceuticals, Inc.; September 2015.

2. The NCCN Drugs & Biologics Compendium® © 2016 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed October 18, 2016.
3. The NCCN Clinical Practice Guidelines in Oncology® Multiple Myeloma (Version 1.2017) © 2016 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed October 20, 2016.
4. The NCCN Clinical Practice Guidelines in Oncology® Non-Hodgkin's Lymphomas (Version 3.2016) © 2016 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed September 8, 2016.
5. The NCCN Clinical Practice Guidelines in Oncology® Systemic Light Chain Amyloidosis (Version 1.2016) © 2016 National Comprehensive Cancer Network, Inc. Available at: [www.nccn.org](http://www.nccn.org). Accessed September 28, 2016.
6. The NCCN Clinical Practice Guidelines in Oncology® Waldenström's Macroglobulinemia/Lymphoplasmacytic Lymphoma (Version 2.2016) © 2016 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed September 28, 2016.