

Reference number(s)
2233-A

## SPECIALTY GUIDELINE MANAGEMENT

### VELCADE (bortezomib) 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
4. Adult T-cell leukemia/lymphoma
5. Primary cutaneous anaplastic large cell lymphoma

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.

###### F. **Adult T-cell Leukemia/Lymphoma**

Authorization of 12 months may be granted for the treatment of adult T-cell leukemia/lymphoma.

###### G. **Primary cutaneous anaplastic large cell lymphoma**

Authorization of 12 months may be granted for the treatment of primary cutaneous anaplastic large cell lymphoma (ALCL).

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### 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.; June 2017.
2. bortezomib [package insert]. Lake Zurich, IL: Fresenius Kabi; November 2017
3. The NCCN Drugs & Biologics Compendium® © 2018 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed September 13, 2018.
4. The NCCN Clinical Practice Guidelines in Oncology® Multiple Myeloma (Version 1.2019) © 2018 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed October 4, 2018.
5. The NCCN Clinical Practice Guidelines in Oncology® B-cell Lymphomas (Version 5.2018) © 2018 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed October 4, 2018.
6. The NCCN Clinical Practice Guidelines in Oncology® Systemic Light Chain Amyloidosis (Version 1.2018) © 2018 National Comprehensive Cancer Network, Inc. Available at: [www.nccn.org](http://www.nccn.org). Accessed October 4, 2018.
7. The NCCN Clinical Practice Guidelines in Oncology® Waldenström's Macroglobulinemia/Lymphoplasmacytic Lymphoma (Version 1.2017) © 2018 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed October 4, 2018.
8. The NCCN Clinical Practice Guidelines in Oncology® T-Cell Lymphomas (Version 5.2018) © 2018 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed October 4, 2018.