# 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

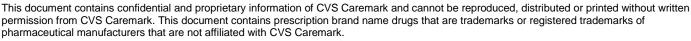
Authorization of 12 months may be granted for the treatment of adult T-cell leukemia/lymphoma.

# 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).

bortezomib-Velcade 2233-A SGM P2018

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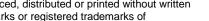
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## **III. CONTINUATION OF THERAPY**

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. boretezomib [package insert]. Lake Zurich, IL: Fresenius Kabi; November 2017
- 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, 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.
- 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.



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