

Velcade® (bortezomib)
Bortezomib
Effective 01/01/2023

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	Intravenous formulation is available through medical benefit only.		

Overview

Velcade® (bortezomib) is a reversible inhibitor of the chymotrypsin-like activity of the 26S proteasome in mammalian cells indicated for the:

- Treatment of adult patients with multiple myeloma
- Treatment of adult patients with mantle cell lymphoma who have received at least 1 prior therapy

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving the requested medication excluding when the product is obtained as samples or via manufacturer’s patient assistance program.

OR

Authorization may be granted for the following diagnoses:

1. Multiple myeloma
2. Mantle cell lymphoma
3. Relapsed, refractory or progressive multicentric Castleman’s disease
4. Antibody mediated rejection of solid organ
5. Relapsed or refractory acute lymphoblastic leukemia
6. Relapsed or refractory follicular lymphoma
7. Relapsed or refractory Kaposi’s sarcoma
8. Relapsed or refractory Hodgkin Lymphoma
9. POEMS (polyneuropathy, organomegaly, endocrinopathy, monoclonal protein, skin changes) syndrome in combination with dexamethasone



Authorization may be granted for members when all the following criteria are met, and documentation is provided:

Systemic light chain amyloidosis

1. The requested medication will be used in any of the following regimens for the treatment of systemic light chain amyloidosis:
 - a. In combination with dexamethasone
 - b. In combination with melphalan and dexamethasone
 - c. In combination with cyclophosphamide and dexamethasone
 - d. As a single agent
 - e. In combination with lenalidomide and dexamethasone
 - f. In combination with daratumumab and hyaluronidase-fihj, cyclophosphamide, and dexamethasone

Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma

1. The requested medication will be used in any of the following regimens for the treatment of Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma:
 - a. In combination with rituximab
 - b. In combination with dexamethasone
 - c. In combination with rituximab and dexamethasone
 - d. As a single agent

Continuation of Therapy

Reauthorization requires physician documentation of a covered indication with a positive response to therapy as shown by no evidence of unacceptable toxicity or disease progression while on current regimen.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.
2. For all indications, dosing does not exceed 1.6 mg/m² per dose and does not require more than 7 doses per 30-day period.

References

1. Velcade [package insert]. Cambridge, MA: Millennium Pharmaceuticals, Inc.; April 2019.
2. bortezomib [package insert]. Lake Zurich, IL: Fresenius Kabi; November 2019.
3. The NCCN Drugs & Biologics Compendium® © 2021 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed October 3, 2021.
4. Ejaz NS, Alloway RR, Halleck F, et al. Review of bortezomib treatment of antibody-mediated rejection in renal transplantation. *Antioxid Redox Signal*. 2014;21(17):2401-2418.
5. Blanco B, Sanchez-Abarca LI, Caballero-Velazquez T, et al. Depletion of alloreactive T-cells in vitro using the proteasome inhibitor bortezomib preserves the immune response against pathogens. *Leuk Res*. 2011;35(10):1412-1415.
6. Claes DJ, Yin H, Goebel J. Protective immunity and use of bortezomib for antibody-mediated rejection in a pediatric kidney transplant recipient. *Pediatr Transplant*. 2014;18(4):E100-E105.
7. Lexi-drugs online. Hudson (OH): Lexicomp, Inc.; 2021. Available with subscription. URL: <http://online.lexi.com/lco>. Accessed October 3, 2021.

Review History



09/21/2022 – Created and reviewed custom criteria for September P&T. Effective 01/01/2023.

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.