

Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

*FHK- Florida Healthy Kids

Velcade (bortezomib)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Velcade (bortezomib)

APPROVAL CRITERIA

Requests for Velcade (bortezomib) may be approved for the treatment of **any** of the following indications:

- I. Multiple myeloma (MM);
- II. Non- Hodgkin lymphoma (NHL):
 - A. Mantle cell lymphoma (MCL); **OR**
 - B. Peripheral T-cell lymphomas (that is, peripheral T-cell lymphoma [PTCL], anaplastic large cell lymphoma [ALCL], or angioimmunoblastic T cell lymphoma [AITL]) as therapy for refractory or relapsed disease; **OR**
 - C. Waldenström's macroglobulinemia (WM)/lymphoplasmacytic lymphoma (LPL);
- III. Systemic light chain amyloidosis;
- IV. Other rare plasma cell dyscrasias requiring treatment, including but not limited to, POEMS (polyneuropathy, organomegaly, endocrinopathy, monoclonal gammopathy, and skin changes) syndrome.

Velcade (bortezomib) **may not be approved** when the approval criteria are not met and for all other indications, including, but not limited to:

- I. Chronic lymphocytic lymphoma (CLL);
- II. Chronic myeloid leukemia (CML);
- III. Diffuse large B-cell lymphoma (DLBCL);
- IV. Follicular lymphoma (FL);
- V. Gastric and non-gastric mucosa-associated lymphoid tissue (MALT) lymphoma;
- VI. Hodgkin lymphoma (HL);
- VII. Mycosis fungoides/Sézary syndrome;
- VIII. Myelodysplastic syndrome
- IX. Neuroendocrine tumors (for example, carcinoid or islet cell tumors);
- X. Sarcoma (for example, osteosarcoma);
- XI. Solid tumors (for example, biliary tract, colorectal, head and neck, metastatic melanoma (lung), non-small cell lung cancer [NSCLC], or pancreatic carcinoma);
- XII. Solitary plasmacytoma.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017.
 URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed January 30, 2017.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

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