RXADVANCE
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Clinical Policy Title:	bortezomib
Policy Number:	RxA.542
Drug(s) Applied:	Velcade®
Original Policy Date:	03/06/2020
Last Review Date:	12/07/2020
Line of Business Policy Applies to:	All lines of business

Background

Bortezomib (Velcade®) is a proteasome inhibitor. It is indicated for:

- Treatment of patients with multiple myeloma (MM)
- Treatment of patients with mantle cell lymphoma (MCL)

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
bortezomib (Velcade®)	MM	• First-line therapy: 1.3 mg/m^2 as a 3 to 5 second bolus IV injection or SC injection in combination with PO melphalan and PO prednisone for nine 6-week treatment cycles. • Relapse*: 1.3 mg/m^2 as a 3 to 5 second bolus IV injection or SC injection as a single agent or in combination with dexamethasone for up to eight 3-week cycles. For therapy beyond eight cycles, see PI for additional dosing options. If relapse occurs ≥ 6 months after a previous response to Velcade® treatment may be restarted at the last tolerated dose	1.3 mg/m^2
	MCL	• First-line therapy: 1.3 mg/m^2 as a 3 to 5 second bolus IV injection or SC injection in combination with IV rituximab, cyclophosphamide, doxorubicin and PO prednisone (VcRCAP) for up to six 3-week treatment cycles, plus two additional cycles if a positive response. • Relapse: 1.3 mg/m^2 as a 3 to 5 second bolus IV injection or SC injection for up to eight 3-week treatment cycles. Therapy may extend beyond eight cycles.	1.3 mg/m^2

Dosage Forms

- 10 mL vials for reconstitution containing 3.5 mg of bortezomib as a cake or powder.

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

I. Initial Approval Criteria

A. Multiple Myeloma and Mantle Cell Lymphoma (must meet all)**:**

1. Diagnosis of MM or MCL (B-cell lymphoma subtype);
2. Prescribed by or in consultation with an oncologist or hematologist;
3. Age ≥ 18 years;
4. Request meets one of the following (a or b):
   a. Dose does not exceed 1.3 mg/m^2;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval Duration
Commercial: 6 months
Medicaid: 6 months

B. NCCN Recommended Uses (off-label) (must meet all)**:**

1. Diagnosis of any of the following (a, b, c or d):
   a. Multicentric Castleman's disease (B-cell lymphoma subtype) - as subsequent therapy;
   b. Systemic light chain amyloidosis;
   c. Adult T-cell leukemia/lymphoma - as subsequent therapy;
   d. Waldenström macroglobulinemia/lymphoplasmacytic lymphoma;
2. Prescribed by or in consultation with an oncologist or hematologist;
3. Age ≥ 18 years;
4. Dose is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence).

Approval Duration
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. All Indications in Section I (must meet all)**:**

1. Currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. If request is for a dose increase, request meets one of the following (a or b):
   a. New dose does not exceed 1.3 mg/m^2;
   b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval Duration
Commercial: 12 months
Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key

FDA: Food and Drug Administration
MCL: mantel cell lymphoma
MM: multiple myeloma

APPENDIX B: Therapeutic Alternatives

Not applicable.

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Patients with hypersensitivity (not including local reactions) to bortezomib, boron, or mannitol, including anaphylactic reactions
  - Contraindicated for intrathecal administration

- Boxed warning(s):
  - None reported

APPENDIX D: General Information

- Cases, sometimes fatal, of thrombotic microangiopathy, including thrombotic thrombocytopenic purpura/hemolytic uremic syndrome (TTP/HUS), have been reported in the post marketing setting in patients who received Velcade.

References

1. Velcade Prescribing Information. Cambridge, MA: Millennium Pharmaceuticals, Inc.; April 2019. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/021602s044lbl.pdf . Accessed September 22, 2020.
2. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at: http://www.nccn.org/professionals/drug_compendium. Accessed September 22, 2020.
3. National Comprehensive Cancer Network. Multiple Myeloma Version 2.2021. Available at: https://www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf. Accessed September 22, 2020.
4. National Comprehensive Cancer Network. B-Cell Lymphomas Version 4.2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/b-cell.pdf. Accessed September 22, 2020.
5. National Comprehensive Cancer Network. Systemic Light Amyloidosis Version 1.2021. Available at: https://www.nccn.org/professionals/physician_gls/pdf/amyloidosis.pdf. Accessed September 22, 2020.
6. National Comprehensive Cancer Network. T-Cell Lymphomas Version 1.2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/t-cell.pdf . Accessed September 22, 2020.
7. National Comprehensive Cancer Network. Waldenström Macroglobulinemia / Lymphoplasmacytic Lymphoma Version 1.2021. Available at: https://www.nccn.org/professionals/physician_gls/pdf/waldenstroms.pdf . Accessed September 22, 2020.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	01/2020	03/06/2020
Policy was reviewed 1. Clinical policy title updated	09/22/2020	12/07/2020

2. Line of business policy applies to was updated to All lines of business. 3. Continued Therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance..." 4. Appendix D added general information. 5. Reference reviewed and updated.		