Medical Policy:

Velcade (bortezomib)

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.123	February 6, 2025	January 1, 2020

The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as "EmblemHealth"), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Velcade is a reversible inhibitor of the 26S proteasome, a protein complex that degrades ubiquitinated proteins. This inhibition affects cancer cells in a number of ways, including altering regulatory proteins, which control cell cycle progression and activation. Inhibition of the proteasome results in cell cycle arrest and apoptosis.

Length of Authorization

Coverage will be provided for 6 months and may be renewed.

Dosing Limits [Medical Benefit]

Max Units (per dose and over time)

1. 140 billable units every 21 days

Guideline

I. INITIAL APPROVAL CRITERIA

1. **Multiple Myeloma**
   A. Patient meets **ONE** of the following (i or ii):
      i. The medication will be used in combination with at least one other agent; **OR**
      Note: Examples of other agents that may be used in combination with bortezomib include dexamethasone, cyclophosphamide, doxorubicin, Doxil (doxorubicin liposomal intravenous infusion), Revlimid (lenalidomide capsules), Thalomid (thalidomide capsules), cisplatin, etoposide, Darzalex (daratumumab intravenous infusion), Pomalyst (pomalidomide capsules), bendamustine, Empliciti (elotuzumab intravenous infusion), Farydak (panobinostat capsules).
      ii. The medication is being used for maintenance therapy; **AND**
   B. The medication is prescribed by or in consultation with an oncologist or a hematologist

2. **Mantel cell lymphoma**
   A. Patient meets **ONE** of the following (i or ii):
      i. Patient has previously tried at least one other therapy for mantle cell lymphoma; **OR**
      Note: Examples of other therapies for mantle cell lymphoma include regimens containing a rituximab product, cytarabine, cisplatin, cyclophosphamide, doxorubicin, vincristine, or bendamustine.
      ii. The medication is used in combination with at least one other agent; **AND**
      Note: Examples of other agents used in combination with bortezomib for mantle cell lymphoma include a rituximab product, bendamustine, cyclophosphamide, and doxorubicin.
   B. The medication is prescribed by or in consultation with an oncologist or a hematologist.

Limitations:

1. Member must be 18 years of age or older
2. Velcade (bortezomib) is being used after disease progression with the same regimen.
3. Dosing exceeds single dose limit of Velcade (bortezomib) 1.6 mg/$m^{2.}$
4. Maintenance dosing exceeds 6.4 mg/m^2 every 35-day cycle or 1.3 mg/m^2 every 2 weeks.
5. Indications not supported by CMS recognized compendia or acceptable peer reviewed literature may be deemed as not approvable and therefore not reimbursable.

II. RENEWAL CRITERIA

1. Patient continues to meet the criteria identified above; **AND**
2. Tumor response with stabilization of disease or decrease in size of tumor or tumor spread; **AND**
3. Absence of unacceptable toxicity from the drug

Dosage/Administration

Dosing	
Multiple Myeloma	Up to 1.6 mg/m2 intravenously (IV)/subcutaneously (SC) as four doses per cycle every 35 days until disease progression or unacceptable toxicity.
Mantle Cell Lymphoma	1.3 mg/m^2 IV/SC twice weekly (days 1, 4, 8, and 11) for 2 weeks of a 21 day cycle

Applicable Procedure Codes

Code	Description
J9041	Injection, Bortezomib, 0.1mg billable unit
J9048	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg
J9046	Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg

J9049	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg
J9051	Injection, bortezomib (maia), not therapeutically equivalent to j9041, 0.1 mg

Applicable NDCs

Code	Description
63020-0049-xx	Velcade single-use vial, 3.5mg powder for injection
00143-9098-01	Bortezomib 3.5 mg
00409-1700-01	Bortezomib 3.5 mg
10019-0991-01	Bortezomib 3.5 mg
25021-0244-10	Bortezomib 3.5 mg
31722-0303-31	Bortezomib 3.5 mg
43598-0426-60	Bortezomib 3.5 mg
50742-0484-01	Bortezomib 3.5 mg
55150-0337-01	Bortezomib 3.5 mg
60505-6050-04	Bortezomib 3.5 mg
63323-0821-10	Bortezomib 3.5 mg
68001-0534-36	Bortezomib 3.5 mg
68001-0540-36	Bortezomib 3.5 mg
70710-1411-01	Bortezomib 3.5 mg
71288-0118-10	Bortezomib 3.5 mg
72205-0183-01	Bortezomib 3.5 mg
72603-0270-01	Bortezomib 3.5 mg
83090-0008-01	Bortezomib 3.5 mg
72266-0244-01	Bortezomib 3.5mg/ 1.4mL

ICD-10 Diagnoses

Code	Description
C83.00	Small cell B-cell lymphoma, unspecified site
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.10	Mantle cell lymphoma, unspecified site
C83.11	Mantle cell lymphoma, lymph nodes of head, face and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb

C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C86.6	Primary cutaneous CD30-positive T-cell proliferations
C88.0	Waldenström macroglobulinemia
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma, in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.11	Plasma cell leukemia in remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.21	Extramedullary plasmacytoma in remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.31	Solitary plasmacytoma in remission
C90.32	Solitary plasmacytoma in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
D36.0	Benign neoplasm of lymph nodes
D47.Z2	Castleman disease
E85.9	Amyloidosis, unspecified
R59.0	Localized enlarged lymph nodes
R59.1	Generalized enlarged lymph nodes
R59.9	Enlarged lymph nodes, unspecified
Z85.72	Personal history of non-Hodgkin lymphomas
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	2/6/2025	Annual Review: no criteria changes
EmblemHealth & ConnectiCare	8/29/2024	Removed Statement: **For Medicare members: Velcade- please refer to our separate LCD/NCD Medicare criteria
EmblemHealth & ConnectiCare	4/8/2024	Added Statement: **For Medicare members: Velcade- please refer to our separate LCD/NCD Medicare criteria
EmblemHealth & ConnectiCare	1/2/2024	Annual Review: Removed NHL indication and added Mantle cell lymphoma indication and criteria, Updated Dosage and Administration section Initial Criteria: Multiple Myeloma Added: "Patient meets ONE of the following (i or ii):i. The medication will be used in combination with at least one other agent; OR *Note: Examples of other agents that may be used in combination with bortezomib include dexamethasone, cyclophosphamide,*

		doxorubicin, Doxil (doxorubicin liposomal intravenous infusion), Revlimid (lenalidomide capsules), Thalomid (thalidomide capsules), cisplatin, etoposide, Darzalex (daratumumab intravenous infusion), Pomalyst (pomalidomide capsules), bendamustine, Empliciti (elotuzumab intravenous infusion), Farydak (panobinostat capsules). ii. The medication is being used for maintenance therapy; AND The medication is prescribed by or in consultation with an oncologist or a hematologist" Removed:"The member has a diagnosis of solitary plasmacytoma, smoldering multiple myeloma, or multiple myeloma AND Velcade (bortezomib) is being used as ONE of the following: Primary chemotherapy In combination with dexamethasone, doxorubicin, lenalidomide, or thalidomide for transplant candidates OR In combination with dexamethasone or lenalidomide regimen for non-transplant candidates. Relapse/Salvage chemotherapy with the same regimen for disease relapse > 6months following primary chemotherapy. Relapse/Salvage chemotherapy for disease relapse or for progressive or refractory disease following primary chemotherapy as ONE of the following: In combination with dexamethasone (with or without daratumumab, lenalidomide, cyclophosphamide, or thalidomide) or with dexamethasone and bendamustine In combination with liposomal doxorubicin, In VTD-PACE (bortezomib, dexamethasone, thalidomide, cisplatin, doxorubicin, cyclophosphamide, and etoposide) regimen, In combination with panobinostat and dexamethasone for members who have received at least 2 prior regimens, including bortezomib and an immunomodulatory agent. Combination with pomalidomide and dexamethasone for members who have received at least two prior therapies, including an immunomodulatory agent and a proteasome inhibitor, and have demonstrated disease progression on or within 60 days of completion of the last therapy, Combination with elotuzumab and dexamethasone for members who have received one to three prior therapies. Maintenance therapy as a single agent following response to primary myeloma therapy or in stable disease following stem cell transplant."
EmblemHealth & ConnectiCare	9/11/2023	Added J code- Injection, bortezomib (maia), not therapeutically equivalent to j9041, 0.1 mg
EmblemHealth & ConnectiCare	5/30/2023	Added JCODES: J9048 - Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg J9046 - Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg J9049 - Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg
EmblemHealth & ConnectiCare	4/11/2023	Annual Revision: no criteria changes
EmblemHealth & ConnectiCare	1/18/2023	Transfer to New Template
EmblemHealth & ConnectiCare	04/29/2020	Under Limitations/Exclusions added: Member must be 18 years of age or older
EmblemHealth & ConnectiCare	01/01/2020	Annual Review

References

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6. Fukushima T, Nakamura T, Iwao H, Nakajima A, Miki M, Sato T, Sakai T, Sawaki, T, Fujita Y, Tanaka M, Masaki Y, Nakajima H, Motoo Y, Umehara H. Efficacy and safety of bortezomib plus dexamethasone therapy for refractory or relapsed multiple myeloma: once-weekly administration of bortezomib may reduce the incidence of gastrointestinal adverse events. Anticancer Res. 2011 Jun;31(6):2297-302.
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