

Bortezomib (Velcade®)

Place of Service

Office Administration
Infusion Center Administration
Outpatient Facility Infusion
Administration

HCPCS

- J9041 per 0.1 mg (Velcade or therapeutic equivalent)
- J9046 per 0.1 mg (Dr. Reddy's only)
- J9048 per 0.1 mg (Fresenius Kabi only)
- J9049 per 0.1 mg (Hospira only)
- J9051 per 0.1 mg (Maia only)

Condition listed in policy (see criteria for details)

- [Acute lymphoblastic leukemia](#)
- [Adult T-cell leukemia/lymphoma](#)
- [Kaposi sarcoma](#)
- [Castleman's disease, multicentric](#)
- [Mantle cell lymphoma](#)
- [Multiple myeloma](#)
- [Pediatric Hodgkin lymphoma](#)
- [POEMS \(polyneuropathy, organomegaly, endocrinopathy, monoclonal protein, skin change\)](#)
- [Systemic light chain amyloidosis](#)
- [Waldenstrom's macroglobulinemia / Lymphoplasmacytic lymphoma](#)

AHFS therapeutic class: Antineoplastic

Mechanism of action: Inhibitor of 26S proteasome z

(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for bortezomib not listed in section (3) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Acute lymphoblastic leukemia

1. Meets either of the following:
 - a. Adult ALL
 - OR
 - b. Pediatric ALL and being used as a component of a combination regimen

Covered Doses

Up to 1.3 mg/m² IV/SC for up to 4 doses

Coverage Period

For length of chemotherapy regimen (up to 4 doses)

ICD-10:

C91.00, C91.02

Kaposi sarcoma

1. Being used as subsequent treatment

Covered Doses

Up to 1.6 mg/m² IV on days 1, 8 and 15 of each 28-day cycle

Coverage Period

Indefinite

ICD-10:

C46.0, C46.1, C46.2, C46.3, C46.4, C46.50, C46.51, C46.52, C46.7, C46.9

Adult T-cell Leukemia/Lymphoma

1. Second-line or subsequent treatment of adult T-cell Leukemia/Lymphoma (ATLL) for acute or lymphoma subtypes

Covered Doses

Up to 1.3 mg/m² IV/SC twice weekly for 2 weeks. Repeat every three weeks.

Coverage Period

Indefinite

ICD-10: C91.50, C91.52

Castleman's disease, multicentric

1. Patient's disease has progressed following prior treatment

Covered Doses

Up to 1.3 mg/m² IV/SC twice weekly for 2 weeks. Repeat every three weeks.

Coverage Period

Indefinite

ICD-10: D36.0, D47.Z2, R59.0, R59.1, R59.9

Mantle cell lymphoma**Covered Doses**

Up to 1.3 mg/m² IV/SC twice weekly for 2 weeks. Repeat every three weeks.

Coverage Period
Indefinite

ICD-10:
C83.10-C83.19

Multiple myeloma

Covered Doses
Up to 1.6 mg/m² IV/SC twice weekly

Coverage Period
Indefinite

ICD-10:
C90.00 - C90.02, C90.10 - C90.12, C90.20 - C90.22, C90.30 - C90.32, Z85.79

Pediatric Hodgkin lymphoma

1. Disease is relapsed or refractory, **AND**
2. Being used in combination with ifosfamide and vinorelbine

Covered Doses
Up to 1.2 mg/m² IV/SC on days 1, 4, and 8 of each cycle (21-day cycle)

Coverage Period
For length of time to complete four cycles (12 doses)

ICD-10:
C81.10-C81.19, C81.20-C81.29, C81.30-C81.39, C81.40-C81.49, C81.70-C81.79, C81.90-C81.99,
Z85.71

POEMS (polyneuropathy, organomegaly, endocrinopathy, monoclonal protein, skin changes) syndrome

1. Being used in combination with dexamethasone

Covered Doses
Up to 1.6 mg/m² IV/SC twice weekly

Coverage Period
Indefinite

ICD-10:
C90.00, C90.02, C90.10, C90.12, C90.20, C90.22, C90.30, C90.32, D47.9, D47.Z9, E31.9, G62.9,
G90.9, L98.9, Z85.79

Systemic light chain amyloidosis

1. Requires one of the following:

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Bortezomib (Velcade®)

- a. Being used as a single agent, or
- b. Being used in combination with Darzalex Faspro, cyclophosphamide, and dexamethasone, or
- c. Being used in combination with cyclophosphamide and dexamethasone,
- d. Being used in combination with dexamethasone, or
- e. Being used in combination with lenalidomide and dexamethasone, or
- f. Being used in combination with dexamethasone and melphalan

Covered Doses

Up to 1.3 mg/m² IV/SC twice weekly

Or

Up to 1.6 mg/m² IV/SC weekly

Coverage Period

Indefinite

ICD-10:

E85.81, E85.89, E85.9

Waldenstrom's macroglobulinemia / Lymphoplasmacytic lymphoma

Covered Doses

Up to 1.6 mg/m² IV/SC twice weekly

Coverage Period

Indefinite

ICD-10:

C83.00-C83.09, C88.0, Z85.72, Z85.79

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Velcade® (bortezomib) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

3.5 mg (single-use vial)

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- National Comprehensive Cancer Network Drugs & Biologics Compendium. Velcade® (2023). Available by subscription at: www.nccn.org.
- National Comprehensive Cancer Network. Acute Lymphoblastic Leukemia (Version 1.2023). Available at: www.nccn.org
- National Comprehensive Cancer Network. B-Cell Lymphomas (Version 2.2023). Available at: www.nccn.org
- National Comprehensive Cancer Network. Kaposi Sarcoma (Version 1.2023). Available at: www.nccn.org
- National Comprehensive Cancer Network. Multiple Myeloma (Version 3.2023). Available at: www.nccn.org.
- National Comprehensive Cancer Network. Pediatric Acute Lymphoblastic Leukemia (Version 2.2023). Available at: www.nccn.org.
- National Comprehensive Cancer Network. Pediatric Hodgkin lymphoma (Version 2.2023). Available at: www.nccn.org
- National Comprehensive Cancer Network. Systemic Light Chain Amyloidosis (Version 2.2023). Available at <http://www.nccn.org>.
- National Comprehensive Cancer Network. T-Cell Lymphomas (Version 1.2023). Available at: www.nccn.org.
- National Comprehensive Cancer Network. Waldenstrom's Macroglobulinemia / Lymphoplasmacytic Lymphoma (Version 1.2023). Available at: www.nccn.org.
- Velcade® (bortezomib) [Prescribing information]. Cambridge, MA: Millennium Pharmaceuticals, Inc. 11/2021.

(7) Policy Update

Date of last revision: 3Q2023

Date of next review: 2Q2024

Changes from previous policy version:

- Added HCPCS J9051 per 0.1 mg (Maia only), effective 10/1/2023

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*