Bortezomib
Velcade®; Boruzu®; Bortezomib
(Intravenous/Subcutaneous)

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I. Length of Authorization [1-9,51]

Coverage will be provided for 6 months and may be renewed, unless otherwise specified.

- Pediatric Hodgkin Lymphoma: Coverage will be provided for a total of 4 cycles (21-days per cycle).

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

[All HCPCS except J9049]

- **Multiple Myeloma & Systemic Light Chain Amyloidosis:**
  - 280 billable units every 35 days
- **Kaposi Sarcoma & Waldenström's Macroglobulinemia:**
  - 210 billable units every 28 days
- **Pediatric Hodgkin Lymphoma:**
  - 105 billable units every 21 days
- **All Other Indications:**
  - 140 billable units every 21 days

[J9049]

- **Multiple Myeloma & Systemic Light Chain Amyloidosis:**
  - 160 billable units every 35 days
- **Kaposi Sarcoma & Waldenström's Macroglobulinemia:**
  - 120 billable units every 28 days
- **Pediatric Hodgkin Lymphoma:**
  - 90 billable units every 21 days
- **All Other Indications:**
  - 140 billable units every 21 days

III. Initial Approval Criteria [1-8]

Note: bortezomib (Velcade, generic) [J9041 and J9049] does not require prior authorization. These medication(s) are reviewed via the pre-payment claims edits program (PSCE) to diagnosis criteria and criteria for maximum units. Prior authorization criteria do not apply to bortezomib (Velcade, generic) [J9041 and J9049].

Coverage is provided in the following conditions:

- Patient is at least 18 years of age, unless otherwise specified; **AND**

Universal Criteria [1-8]

- Will not be administered intrathecally; **AND**

Multiple Myeloma †‡Φ [1-11,13,20,22-27,31-33,37-39,49,50]

Mantle Cell Lymphoma – B-Cell Lymphoma †‡Φ [1-9,19,28-30,34]

- Used as induction or additional therapy in combination with a rituximab-based regimen; **OR**
- Used as subsequent therapy as a single agent or in combination with rituximab

Systemic Light Chain Amyloidosis ‡ [9,17,41-43,46,47,52,53]

- Used in one of the following treatment settings:
    - Newly diagnosed disease
    - Repeat initial therapy if relapse-free for several years
    - Relapsed or refractory disease; **AND**
  - Used in combination with a dexamethasone-containing regimen; **OR**
  - Used as a single agent

Waldenström's Macroglobulinemia/Lymphoplasmacytic Lymphoma (WM/LPL) ‡ [9,12,18,21,36,45]

- Used in combination with dexamethasone and rituximab

Castleman Disease ‡ [9,40,54,55]

- Patient has multicentric disease; **AND**
- Used as subsequent therapy for relapsed, refractory or progressive disease; **AND**
- Used as a single agent or in combination with rituximab

Adult T-Cell Leukemia/Lymphoma ‡ [9,14,16,44]

- Used as a single agent; **AND**
- Used as subsequent therapy

Adult* Acute Lymphoblastic Leukemia (ALL) ‡ [9,15]

- Used in combination with chemotherapy; **AND**

- Patient has relapsed/refractory T-cell disease (T-ALL)

**NCCN recommendations for ALL may be applicable to adolescent and young adult (AYA) patients within the age range of 15-39 years.*

Pediatric Acute Lymphoblastic Leukemia (ALL) ‡ [9,15,35,56]

- Patient is at least 1 year of age**; **AND**
  - Patient has relapsed or refractory B-cell disease (B-ALL); **AND**
    - Used as a component of the COG AALL07P1 regimen (bortezomib, vincristine, doxorubicin, PEG-asparaginase, prednisone); **AND**
      - Patient has Philadelphia (Ph) chromosome negative disease; **OR**
      - Patient has Philadelphia (Ph) chromosome positive disease and also used in combination with dasatinib or imatinib; **OR**
  - Patient has relapsed or refractory T-cell disease (T-ALL); **AND**
    - Used in combination with vincristine, doxorubicin, pegaspargase or calaspargase, and prednisone or dexamethasone; **OR**
  - Patient has newly diagnosed T-cell disease (T-ALL); **AND**
    - Used in combination with chemotherapy; **OR**
  - Patient has T-lymphoblastic lymphoma (T-LL); **AND**
    - Used in combination with BFM backbone chemotherapy

***NCCN recommendations for Pediatric ALL may be applicable to certain adolescent and young adult (AYA) patients up to 30 years of age.*

Kaposi Sarcoma ‡ [9,48]

- Used as subsequent therapy for relapsed or refractory disease; **AND**
- Patient has advanced cutaneous, oral, visceral, or nodal disease; **AND**
  - Used as a single-agent in patients without human immunodeficiency virus (HIV); **OR**
  - Used in combination with antiretroviral therapy (ART) for patients with HIV

Pediatric Hodgkin Lymphoma ‡ [9,51]

- Patient age is ≤ 18 years of age***; **AND**
- Used as subsequent therapy for relapsed or refractory disease; **AND**
- Used in combination with ifosfamide and vinorelbine

****Pediatric Hodgkin Lymphoma patients may include certain adolescent and young adult (AYA) patients up to 39 years of age.*

† FDA Approved Indication(s); **‡** Compendia Recommended Indication(s); **Φ** Orphan Drug

IV. Renewal Criteria [1-8]

Coverage can be renewed based upon the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Duration of authorization has not been exceeded *(refer to Section I)*; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Example of unacceptable toxicity include: peripheral neuropathy, hypotension, cardiac toxicity, pulmonary toxicity, posterior reversible encephalopathy syndrome (PRES), gastrointestinal toxicity, thrombocytopenia, neutropenia, tumor lysis syndrome, hepatic toxicity, thrombotic microangiopathy, etc.

V. Dosage/Administration [1-8,12,15,21,40,42-46,48,51-54,56]

Indications	Dose
Multiple Myeloma & Systemic Light Chain Amyloidosis	Up to 1.6 mg/m^2 intravenously (IV)/subcutaneously (SC) as four doses per cycle every 35 days until disease progression or unacceptable toxicity.
Waldenström's Macroglobulinemia & Kaposi Sarcoma	Up to 1.6 mg/m^2 IV/SC as three doses per cycle every 28 days until disease progression or unacceptable toxicity.
Pediatric Hodgkin Lymphoma	1.2 mg/m^2 IV/SC on days 1, 4, and 8 every 21 days for up to 4 cycles
All Other Indications	1.3 mg/m^2 IV/SC twice weekly (days 1, 4, 8, and 11) of a 21 day cycle

VI. Billing Code/Availability Information

Product Formulation	Drug	Manufacturer	Approval	HCPCS Code	Route	NDC
Bortezomib powder for injection	Velcade 3.5 mg powder for inj. SDV	Takeda	NDA	J9041	IV/SC	63020-0049-xx
	Bortezomib 3.5 mg powder for inj. SDV	Multiple	ANDA	J9041	IV/SC	Multiple
	Bortezomib 3.5 mg powder for inj. §	Dr. Reddy's Laboratories	NDA	J9046	IV	43598-0865-xx
	Bortezomib 3.5 mg powder for inj. §	Fresenius Kabi	NDA	J9048	IV	63323-0721-xx
	Bortezomib 1 mg powder for inj. § Bortezomib 2.5 mg powder for inj. §	Hospira	NDA	J9049	IV/SC	00409-1704-xx 00409-1703-xx
Bortezomib Solution for injection	Bortezomib 3.5 mg/3.5 mL inj. SDV § Bortezomib 3.5 mg/1.4 mL inj. SDV §	Maia Pharmaceuticals	NDA	J9051	IV	70511-0161-xx 70511-0162-xx

	Boruzu 3.5 mg/1.4 mL inj. SDV **§**	Amneal Pharmaceuticals	NDA	J9054	IV/SC	70121-2484-xx
	Bortezomib 3.5 mg/1.4 mL inj. SDV **§**	Shilpa Medicare Limited	NDA	J9999	IV/SC	63759-3032-xx

§ *Bortezomib was approved by the FDA as a 505(b)(2) NDA of the innovator product, Velcade (bortezomib). These products may be available from several different manufacturers. For a complete list of all available products and NDCs please reference the FDA website at National Drug Code Directory for Bortezomib. These products are not rated as therapeutically equivalent to their reference listed drug in the Food and Drug Administration's (FDA) Orange Book and are therefore considered single source products based on the statutory definition of "single source drug" in section 1847A(c)(6) of the Act. For a complete list of all approved 505(b)(2) NDA products please reference the latest edition of the Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book | FDA.*

J9041	Injection, bortezomib, 0.1 mg
J9046	Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to J9041, 0.1 mg **§**
J9048	Injection, bortezomib (fresenius kabi), 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 **§**
J9054	Injection, bortezomib (boruzu), 0.1 mg **§**
J9999	Injection, bortezomib various (shilpa, etc.), 0.1mg **§**

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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity Hodgkin lymphoma, spleen
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes

ICD-10	ICD-10 Description
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.70	Other Hodgkin lymphoma unspecified site
C81.71	Other Hodgkin lymphoma lymph nodes of head, face, and neck
C81.72	Other Hodgkin lymphoma intrathoracic lymph nodes
C81.73	Other Hodgkin lymphoma intra-abdominal lymph nodes
C81.74	Other Hodgkin lymphoma lymph nodes of axilla and upper limb
C81.75	Other Hodgkin lymphoma lymph nodes of inguinal region and lower limb
C81.76	Other Hodgkin lymphoma intrapelvic lymph nodes
C81.77	Other Hodgkin lymphoma spleen
C81.78	Other Hodgkin lymphoma lymph nodes of multiple sites
C81.79	Other Hodgkin lymphoma extranodal and solid organ sites
C81.90	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen

ICD-10	ICD-10 Description
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, 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
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C83.57	Lymphoblastic (diffuse) lymphoma, spleen
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C88.00	Waldenstrom macroglobulinemia not having achieved remission
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
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.32	Solitary plasmacytoma in relapse
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission

ICD-10	ICD-10 Description
C91.02	Acute lymphoblastic leukemia, 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
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
D47.Z2	Castleman disease
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
E31.9	Polyglandular dysfunction, unspecified
E85.3	Secondary systemic amyloidosis
E85.4	Organ-limited amyloidosis
E85.81	Light chain (AL) amyloidosis
E85.89	Other amyloidosis
E85.9	Amyloidosis, unspecified
G62.9	Polyneuropathy, unspecified
G90.9	Disorder of the autonomic nervous system, unspecified
L98.9	Disorder of the skin and subcutaneous tissue, unspecified
Z85.71	Personal history of Hodgkin Lymphoma
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC