Clinical Policy Title:	bortezomib
Policy Number:	RxA.542
Drug(s) Applied:	bortezomib
Original Policy Date:	03/06/2020
Last Review Date:	08/28/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

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

1. Diagnosis of multiple myeloma or mantle cell lymphoma;
2. Disease is B-cell lymphoma subtype.

Approval duration

All Lines of Business (except Medicare): 6 months

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

1. Diagnosis of any of the following (a, b, c, d, e, f, g, or h):
   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;
   e. Kaposi sarcoma;
   f. Acute lymphoblastic leukemia;
   g. Pediatric Acute lymphoblastic leukemia;
   h. Pediatric Hodgkin Lymphoma.

Approval duration

All Lines of Business (except Medicare): 6 months

II. Continued Therapy Approval

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

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval duration

All Lines of Business (except Medicare): 12 months

References

1. National Comprehensive Cancer Network. Multiple Myeloma Version 4.2024. Available at: https://www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf . Accessed August 28, 2024.
2. National Comprehensive Cancer Network. B-Cell Lymphomas Version 3.2024. Available at: https://www.nccn.org/professionals/physician_gls/pdf/b-cell.pdf . Accessed August 28, 2024.

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3. National Comprehensive Cancer Network. Systemic Light Amyloidosis Version 2.2024. Available at: https://www.nccn.org/professionals/physician_gls/pdf/amyloidosis.pdf . Accessed August 28, 2024.
4. National Comprehensive Cancer Network. T-Cell Lymphomas Version 4.2024. Available at: https://www.nccn.org/professionals/physician_gls/pdf/t-cell.pdf . Accessed August 28, 2024.
5. National Comprehensive Cancer Network. Waldenström Macroglobulinemia / Lymphoplasmacytic Lymphoma Version 2.2024. Available at: https://www.nccn.org/professionals/physician_gls/pdf/waldenstroms.pdf . Accessed August 28, 2024.
6. National Comprehensive Cancer Network. Kaposi Sarcoma Version 1.2024. Available at: https://www.nccn.org/professionals/physician_gls/pdf/kaposi.pdf . Accessed August 28, 2024.
7. National Comprehensive Cancer Network. Acute Lymphoblastic Leukemia Version 2.2024. Available at: https://www.nccn.org/professionals/physician_gls/pdf/all.pdf . Accessed August 28, 2024.
8. National Comprehensive Cancer Network. Pediatrics Acute Lymphoblastic Leukemia Version 1.2025. Available at: https://www.nccn.org/professionals/physician_gls/pdf/ped_all.pdf . Accessed August 28, 2024.
9. National Comprehensive Cancer Network. Pediatric Hodgkin Lymphoma Version 1.2024. Available at: https://www.nccn.org/professionals/physician_gls/pdf/ped_hodgkin.pdf . Accessed August 28, 2024.

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 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. Reference reviewed and updated.	09/22/2020	12/07/2020
Policy was reviewed: 1. Initial Approval Criteria I.B was updated to include new off label indications “Kaposi Sarcoma, Acute Lymphoblastic Leukemia, Pediatric Acute Lymphoblastic Leukemia, and Pediatric Hodgkin Lymphoma”. 2. Continued Therapy Approval II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...". 3. References were reviewed and updated.	09/25/2021	12/07/2021
Policy was reviewed: 1. References were reviewed and updated.	09/15/2022	10/19/2022
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: 1. Removed age restrictions. 2. Removed prescriber restrictions. 3. Removed dose restrictions.	08/28/2024	09/13/2024

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4. Updated Continued therapy approval with auto-approval based on lookback functionality within the past 120 days. 5. Removed reauthorization requirement for positive response to therapy. 6. Updated approval duration verbiage. 7. References were reviewed and updated.		

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