

VELCADE (bortezomib)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Multiple myeloma
2. Mantle cell lymphoma
3. Light chain (AL) amyloidosis
 - a. SC formulation **ONLY**
 - b. Used in combination with daratumumab/hyaluronidase-fihj, cyclophosphamide and dexamethasone

AND the following:

- a. **NO** dual therapy with other proteasome inhibitors [e.g., ixazomib (Ninlaro) and carfilzomib (Kyprolis)]

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Multiple myeloma
2. Mantle cell lymphoma
3. Light chain (AL) amyloidosis
 - a. SC formulation **ONLY**
 - b. Treatment with Velcade has not exceeded 2 years

AND ALL of the following:

- a. **NO** disease progression or unacceptable toxicity



**BlueCross.
BlueShield.**

Federal Employee Program.

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- b. **NO** dual therapy with other proteasome inhibitors [e.g., ixazomib (Ninlaro) and carfilzomib (Kyprolis)]

Prior - Approval *Renewal* Limits

Same as above