BlueCross BlueShield
Federal Employee Program
Blue Cross Blue Shield Association
750 9th St NW, Suite 900
Washington, D.C. 20001
1-800-624-5060
Fax 1-877-378-4727

5.21.045

Section:	Prescription Drugs	**Effective Date:**	April 1, 2025
Subsection:	Antineoplastic Agents	**Original Policy Date:**	October 1, 2014
Subject:	Velcade	**Page:**	1 of 5

Last Review Date: March 7, 2025

Velcade

Description

Velcade, Boruzu (bortezomib)

Background
Velcade/Boruzu target proteasomes inside cells and blocks or slows down the action of these cells. Proteasomes break down proteins in both healthy and cancerous cells. Once this activity is blocked or slowed down then the proteins build up causing an imbalance within the cell. Cancer cells divide and multiply faster than most other cells. Velcade/Boruzu slows this process and causes cancer cell death (1-2).

Regulatory Status
FDA-approved indications: Velcade/Boruzu are proteasome inhibitors indicated for (1-2):

- treatment of adult patients with multiple myeloma.
- treatment of adult patients with mantle cell lymphoma.

Velcade/Boruzu SC are also indicated for the treatment of adult patients with newly diagnosed light chain (AL) amyloidosis in combination with daratumumab/hyaluronidase-fihj, cyclophosphamide and dexamethasone (3).

Velcade/Boruzu are contraindicated for intrathecal administration. Fatal events have occurred with intrathecal administration of Velcade/Boruzu (1-2).

Patients should be monitored for cardiac toxicity, pulmonary toxicity, thrombocytopenia or neutropenia, tumor lysis syndrome, hepatic toxicity, and thrombotic microangiopathy. Caution should be used when prescribing for patients with peripheral neuropathy, hypotension, and

gastrointestinal toxicity. Patients with posterior reversible encephalopathy syndrome should consider MRI imaging for onset of visual or neurological symptoms. Women should avoid getting pregnant while on this medication (1-2).

Patients being treated for light chain (AL) amyloidosis should be treated with Velcade/Boruzu SC until disease progression, unacceptable toxicity or a maximum of 2 years (3).

The safety and effectiveness of Velcade/Boruzu in pediatric patients have not been established (1-2).

Related policies
Kyprolis, Ninlaro

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Velcade/Boruzu may be considered **medically necessary** if the conditions indicated below are met.

Velcade/Boruzu may be considered **investigational** for all other indications.

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

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Limits

Duration 12 months (**ONE** renewal **ONLY** for light chain amyloidosis)

Rationale

Summary

Velcade/Boruzu target proteasomes inside cells and blocks or slows down the action of these cells. Once this activity is blocked or slowed down then the proteins build up causing an imbalance within the cell. This disruption of normal homeostatic mechanisms can lead to cell death. The safety and effectiveness of Velcade/Boruzu in patients under the age of 18 has not been established (1-2).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Velcade/Boruzu while maintaining optimal therapeutic outcomes.

References

1. Velcade [package insert]. Lexington, MA: Takeda Pharmaceuticals USA, Inc.; August 2022.
2. Boruzu [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; September 2024.
3. Darzalex Faspro [package insert]. Horsham, PA: Janssen Biotech, Inc.; November 2022.
4. NCCN Drugs & Biologics Compendium® Bortezomib 2025. National Comprehensive Cancer Network, Inc. Accessed on January 13, 2025.

Policy History

Date	Action
September 2014	PMPC review
October 2014	Addition to PA
November 2014	Removed tried and failed at least 1 prior therapy for mantle cell lymphoma
December 2014	Annual editorial review and reference update
June 2015	Annual review and reference update
June 2016	Annual review and reference update Addition of no dual therapy with other proteasome inhibitors Policy number change from 5.04.45 to 5.21.45
September 2016	Annual review
June 2017	Annual editorial review
June 2018	Annual editorial review and reference update
June 2019	Annual editorial review and reference update
June 2020	Annual review
December 2020	Annual review

February 2021	Addition of statement that Velcade and bortezomib are not interchangeable and Velcade can be SC/IV while bortezomib is IV only. Addition of no disease progression or unacceptable toxicity renewal requirement. Added examples of proteasome inhibitors. Addition of indication: light chain (AL) amyloidosis
March 2021	Annual review and reference update
June 2022	Annual review and reference update
March 2022	Annual review and reference update. Changed policy number to 5.21.045
December 2023	Annual review and reference update
June 2024	Annual review and reference update
September 2024	Removed bortezomib IV as a separate product
December 2024	Annual review and reference update
March 2025	Annual review and reference update. Added Boruzu to policy

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 7, 2025 and is effective on April 1, 2025.