

**REVIEW REQUEST FOR
Velcade®(bortezomib)-Oncology**

Provider Data Collection Tool Based on Clinical Guideline DRUG-01

Complete form in its entirety and fax to UM Call Center at (404) 848-2448

**Anthem UM
Services, Inc.**

Policy Last Review Date: 11/17/2011	Policy Effective Date: 01/11/2012
Toolkit: 05/20/2011	Provider Tool Effective Date: 05/20/2011

Request Date: / /		
<input type="checkbox"/> Initial Request		<input type="checkbox"/> Subsequent Request
<input type="checkbox"/> Buy and bill		
Individual's Name:		Date of Birth: / /
Insurance Identification Number:		Individual's Phone Number:
Primary Diagnosis:	ICD-9 Code(s) (if known):	Individual's Weight _____ <input type="checkbox"/> (lbs) <input type="checkbox"/> (kg) Individual's Height _____ <input type="checkbox"/> (in) <input type="checkbox"/> (cm)
Ordering Provider Name & Specialty:		Provider ID Number (if known):
Office Address:		
Office Phone Number:		Office Fax Number (if known):
Servicing Provider Name & Specialty (If different than Ordering Provider):		Provider ID Number:
Office Address:		
Office Phone Number:		Office Fax Number:
Place of Service: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Dialysis Center <input type="checkbox"/> Outpatient Hospital <input type="checkbox"/> Ambulatory Infusion <input type="checkbox"/> Ambulatory Infusion Center <input type="checkbox"/> Other: _____		
Drug Name/HCPs Code (if known) J9041 <input type="checkbox"/> Velcade® Other: _____	Dose to be administered: _____ (mg/m ²) _____ (Other)	
When did the individual first start this drug? / /	Frequency (Days, Wks, Months) _____	
Duration: _____ (Weeks)	Start Date For This Request: / /	

Please check all that apply to the individual:

Complete this section before proceeding to the following disease specific sections:

Please check if the individual has been treated with any chemotherapy medications in the past (If checked, provide the chemotherapy medications that the individual has received): _____

(1). Multiple Myeloma

Individual is diagnosed with multiple myeloma.

(2). Mantle Cell Lymphoma

Individual has mantle cell lymphoma.
 Individual has received at least one prior therapy
 Other: _____

(3). Non-Hodgkin's Lymphoma

Individual is diagnosed with Non-Hodgkin's Lymphoma. (If checked, please answer the following):
 Individual has mycosis fungoides (MF)
 Will be used as second-line chemotherapy
 Stage IA-IIA MF
 With folliculotropic or large cell transformation

- Stage IIB disease
 - Generalized tumor disease
 - Limited tumor disease with blood involvement
 - Folliculotropic or large cell transformation
 - Other: _____
- Stage IV MF
 - Bulky lymph nodes
 - Visceral disease
 - Other: _____
- Stage III MF
 - Refractory or progressive
- Sezary syndrome (SS)
 - Refractory or progressive
 - Other: _____
- Individual has Peripheral T-cell Non-Hodgkin's Lymphoma.
 - Will be used as second line therapy
 - Will be used for relapsed or refractory disease
 - Angioimmunoblastic T-cell lymphoma
 - Peripheral T-cell lymphoma not otherwise specified
 - Anaplastic large cell lymphoma
 - Enteropathy associated T-cell lymphoma
 - Other: _____
 - Individual is a noncandidate for transplant.
 - Other: _____
- Other: _____

(4). Systemic Light Chain Amyloidosis

- Individual is diagnosed with Systemic Light Chain Amyloidosis. **(If checked, please answer the following):**
 - Will be used as a primary treatment
 - Will be used as a single agent
 - Will be used in combination with dexamethasone
 - Other: _____

(5). Waldenstrom's Macroglobulinemia

- Individual is diagnosed with Waldenstrom's Macroglobulinemia. **(If checked, please answer the following):**
 - Will be given as single agent
 - Will be used as primary treatment
 - Will be used as salvage therapy
 - For disease that does not respond to primary therapy
 - For progressive or relapsed disease
 - Will be given in combination with rituximab (Rituxan[®]) with or without dexamethasone
 - Will be used as primary treatment
 - Will be used as salvage therapy
 - For disease that does not respond to primary therapy
 - For progressive or relapsed disease
 - Other: _____
- Other: _____

(6). Solitary Plasmacytoma

- Individual is diagnosed with solitary plasmacytoma or smoldering multiple myeloma . **(If checked, please answer the following):**
 - Will be used as a salvage therapy
 - Will be given as single
 - Will be used for disease relapse or progressive disease
 - Will be given in combination with liposomal doxorubicin
 - Will be used for disease relapse or progressive disease
 - Will be given in combination with dexamethasone
 - For disease relapse after 6 months following primary induction chemotherapy with the same regimen
 - Will be given in combination with melphalan and prednisone
 - For disease relapse after 6 months following primary induction chemotherapy with the same regimen
 - Will be used as induction chemotherapy
 - Will be used for progressive solitary plasmacytoma or smoldering myeloma (asymptomatic or Stage 1) that has progressed to active myeloma
 - Individual is a **transplant** candidate
 - Will be given in combination with dexamethasone
 - Individual is a **non- transplant** candidate
 - Will be given in combination with dexamethasone
 - Will be given in combination with melphalan and prednisone
 - Other: _____

(6). Other Use(s) (Please submit all supporting documents including labs, progress notes, imaging, etc., for review.)

This request is being submitted:

Pre-Claim

Post-Claim. If checked, please attach the claim or indicate the claim number _____

I attest the information provided is true and accurate to the best of my knowledge. I understand that the health plan or its designee may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

Name & Title of Provider or Provider Representative Completing Form

/ /
Date

& attestation (Please Print)*

***The attestation fields must be completed by a provider or provider representative in order for the tool to be accepted**

Anthem UM Services, Inc., a separate company, is the licensed utilization review agent that performs utilization management services on behalf of your health benefit plan or the administrator of your health benefit plan.