Sample CMS-1500 Claim Form

This document is an example of a typical claim for a patient who receives VELCADE® (bortezomib) for an FDA-approved indication. The claim form is intended to illustrate the type of documentation and coding required for reimbursement by Medicare and most managed care plans.

Please see Important Safety Information for VELCADE on page 2.

VELCADE® (bortezomib) is indicated for the treatment of patients with multiple myeloma (MM), previously untreated mantle cell lymphoma (MCL), and relapsed mantle cell lymphoma (MCL). VELCADE® is for subcutaneous administration and is not for intravenous or intrathecal administration. Fatal events have occurred with intrathecal administration of VELCADE®.

VELCADE® is contraindicated for patients with hypersensitivity (not including local reactions) to bortezomib, boron, or mannitol, including anaphylactic reactions. VELCADE® is contraindicated for intrathecal administration. Fatal events have occurred with intrathecal administration of VELCADE®.

This information is presented for informational purposes only and is not intended to provide reimbursement or legal advice. Laws, regulations, and policies concerning reimbursement are applicable to every billing scenario and/or payer.

This document is an example of a typical claim for a patient who receives VELCADE® (bortezomib) for an FDA-approved indication. VELCADE® is for patients who present with hematologic malignancies, including multiple myeloma and mantle cell lymphoma. VELCADE® is for subcutaneous administration and is not for intravenous or intrathecal administration. Fatal events have occurred with intrathecal administration of VELCADE®.

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VELCADE® is registered trademark of Millennium Pharmaceuticals, Inc. and GlaxoSmithKline. VELCADE® is a registered trademark of Takeda Pharmaceutical Company Limited.

Diagnosis codes for VELCADE use include:

- 200.40–200.48   Relapsed mantle cell lymphoma
- 203.00–203.02   Multiple myeloma

Box 20: DRG CODE

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VELCADE is indicated for the treatment of patients with multiple myeloma and patients with mantle cell lymphoma.

Any reimbursement or billing questions. For more information please call the VELCADE Reimbursement Assistance Program at 1-866-VELCADE (835-2233), OPTION 2.

Please see Important Safety Information for VELCADE on page 2.
Please see full Prescribing Information at

velcade.com/Files/PDFs/VELCADE_PRESCRIBING_INFORMATION.pdf