Bortezomib - Previously Untreated - Multiple Myeloma Pre-Stem Cell Transplant

(This form must be completed before the first dose is dispensed.)
1. Patient Profile

- Surname: _____________________________________________________________
- Given Name: _______________________________________________________
- OHIN: ___________________________________  Chart Number:  __________________________
- Postal Code: __________________________
- Height (cm): __________  Weight (kg): __________
- BSA (m²): __________  Gender:  Male  Female  Other
- Date of Birth: __________ __________ __________
  Day  Month  Year
- Site: __________________________
- Attending Physician (MRP- Most Responsible Physician): ___________________________________________________________________

  Requested Prior Approval  □ Yes  Patient on Clinical Trial  □ Yes  □ No

  Other (specify): _______________________________________________________

  Specify Arm:
  □ Standard of care arm  □ Experimental arm
  □ Blinded / Unknown

Request prior approval for enrolment

- Justification for Funding

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2. Eligibility Criteria

The patient meets all of the following criteria:

a. The patient has newly diagnosed multiple myeloma and is eligible for autologous stem cell transplantation 
  □ Yes
b. Bortezomib is used as a component of induction therapy pre-autologous stem cell transplantation (ASCT)\(^b\)

### 3. Funded Dose

Bortezomib must be used as part of combination therapy\(^b\). Funded doses may include either of the following:

- Bortezomib 1.3mg/m\(^2\) IV or sc Days 1, 4, 8, and 11 of each cycle for 4 cycles\(^c\) (1 cycle = 21 days), or
- Bortezomib 1.5mg/m\(^2\) IV or sc weekly on Days 1, 8, 15, and 22 of each cycle for 4 cycles\(^c\) (1 cycle = 28 days)

### 4. Notes

a. The patient must not have received prior therapy (e.g., dexamethasone, chemotherapy, or immunomodulator-based therapy) for multiple myeloma.

b. Bortezomib-based combination therapy can include the addition of dexamethasone, alkylator or anthracycline chemotherapy, or immunomodulator-based therapy to the bortezomib backbone.

c. For additional doses, prior authorization is required.

### 5. Supporting Documents

To ensure reimbursement of your claim, both the completed enrolment form and a copy of the required documentation (where applicable) must be submitted through CCO e-Claims.

Signature of Attending Physician (MRP- Most Responsible Physician): ..................................................

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Day   Month   Year