Bortezomib - Previously Untreated - Multiple Myeloma

(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  ☐ No  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

---

2. Eligibility Criteria

As part of combination therapy for the treatment of patients with previously untreated multiple myeloma who are unsuitable for stem cell transplantation.
The patient must meet the following criteria:

a. The patient has previously untreated multiple myeloma and is unsuitable for stem cell transplantation

b. Bortezomib will be given as part of a combination therapy

3. Funded Dose

a. Bortezomib will be given as a part of the VMP regimen (bortezomib, melphalan and prednisone) for up to a maximum of 9, six week cycles.

b. The bortezomib dose is 1.3 mg/m² IV or SC, given on days 1, 4, 8, 11, 22, 25, 29, 32 on a six week cycle for cycles 1 to 4; and given on days 1, 8, 22, 29 on a six week cycle for cycles 5 to 9.

c. Patients who are not able to tolerate the twice weekly bortezomib schedule may be switched to (or initially offered) the once weekly bortezomib schedule (Blood. 2010; 116(23):4745-4743). The once weekly bortezomib dose is 1.3mg/m² (as part of the VMP regimen) on days 1, 8, 15 and 22 every 35 days (cycles 1-9).

d. A minimum of 72 hours is required between bortezomib doses.

4. 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): 

..........................................................

..........................................................

Day Month Year