Ontario Health / Santé Ontario

eClaims
Demandes de remboursement en ligne

Eligibility Form

Bortezomib - In Combination with Lenalidomide and Dexamethasone for Previously Untreated Multiple Myeloma Pre-Stem Cell Transplant

(This form should be completed before the first dose is dispensed.)

1. Patient Profile

* Surname: .....

* Given Name: .....

* OHIN: ..... * Chart Number: .....

* Postal Code: .....

* Height (cm): ..... * Weight (kg): .....

* BSA (m^2): ..... * 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

Prior Approval Request

* Select the appropriate prior approval scenario:

- ○ 1-Unknown primary (submit pathology report and clinic note)
- ○ 2-Clinical document review (identify the patient history that needs to be reviewed against eligibility criteria in Additional Comments below)
- ○ 3-Regimen modification - schedule (complete questions a and b)
- ○ 4-Regimen modification - drug substitutions (complete questions a and c)
- ○ 5-Withholding a drug in combination therapy from start of treatment (complete questions d, e and f)
- ○ 6-Maintenance therapy delay (submit clinic note)
- ○ 7-Prior systemic therapy clinical trials (complete question g)
- ○ 8-Modification due to supply interruption/drug shortage
- ○ Other (specify)

.....

All relevant supporting documentation must be submitted at the time of prior approval. Documentation may include a pathology report, clinic note, and/or CT scans.

a. Co-morbidities / toxicity / justification:

.....

b. Intended regimen schedule: .....

c. Intended regimen: .....

d. Drug(s) to be held: .....

e. Rationale for holding drug(s): .....

f. Intention to introduce drug at a later date? ☐ Yes

g. Prior clinical trial identifier (e.g., NCT ID, trial name) and treatment description (e.g., arm, drug/regimen): .....

h. Anticipated date of first treatment: ....
Day Month Year

i. Additional comments:

2. Eligibility Criteria

Bortezomib is used in combination with lenalidomide and dexamethasone (RVd) as induction therapy before an autologous stem cell transplant in patients with previously untreated multiple myeloma. ☐ Yes

3. Baseline Information

* a. ECOG Performance Status at the time of enrolment ○ 0 ○ 1 ○ 2

* b. Is the patient transitioning from a private pay or compassionate program? ○ Yes ○ No

c. If yes, how many previous cycles did the patient receive?
○ 1 ○ 2 ○ 3

d. If yes, please indicate the date of the last administered dose
Day Month Year

4. Funded Dose

* Please choose the intended dosing regimen for bortezomib:

○ Bortezomib 1.3 mg/m^2 to 1.5 mg/m^2 intravenously (IV) or subcutaneously (SC) on days 1, 8, and 15 every 21 days for a total of 4 cycles (modified RVd) OR
○ Bortezomib 1.3 mg/m^2 IV or SC on days 1, 8, 15 and 22 every 28 days for a total of 4 cycles (RVd-lite) OR
○ Bortezomib 1.3 mg/m^2 IV or SC on days 1, 4, 8, and 11 every 21 days for a total of 4 cycles (RVd).

All cycles of bortezomib are given in combination with lenalidomide and dexamethasone.

[ST-QBP regimen codes: BORTDEXALENA, BORTDEXALENA(LD)]

5. Notes

1. Completion of this form is for bortezomib funding only. Refer to the Ontario Drug Benefit Formulary for lenalidomide's Limited Use criteria. Please check that your patient will be eligible for benefits under the Ontario Drug Benefit Program. Some patients may require registration in the Trillium Drug Program.

2. Regardless of the chosen administration schedule (i.e., once weekly or twice weekly), bortezomib will be funded up to the maximum number of cycles as noted in the Funded Regimen section above.

6. FAQs

1. **My patient is currently receiving bortezomib through non-publicly funded means (e.g., patient support program, private insurance). Can my patient be transitioned to receive funding through the New Drug Funding Program (NDFP)?**

   Provided the eligibility criteria were met at the time of treatment initiation and the patient's disease has not progressed, your patient may be eligible for continued coverage through the NDFP.

2. **What is the process for transitioning my patient from a non-publicly funded program to NDFP funding?**

   If your patient meets all of the eligibility criteria outlined in this policy, please submit as a regular eClaims enrolment.

   Prior approval requests are reserved for instances where there is clinical uncertainty on eligibility. In these circumstances, please specify your reason(s) for uncertainty and upload the following:
   - A clinic note and relevant lab work from treatment initiation, and
   - The most recent clinic note and lab work (if applicable).

   Funding for bortezomib is for a total of 4 cycles, regardless of the funding source.

3. **My patient is currently receiving bortezomib as part of the cyclophosphamide, bortezomib and dexamethasone (CyBorD) induction regimen prior to an autologous stem cell transplant. Can my patient switch induction therapies from CyBorD to RVd?**

   Provided your patient has not experienced disease progression, your patient may be eligible to switch induction regimens from CyBorD to RVd. Please submit a prior approval request including the most recent clinic note and lab work.

Supporting Documents

None required at the time of enrolment.

In the event of an audit, the following should be available to document eligibility:
- Pathology report(s) and lab work confirming multiple myeloma diagnosis; AND
- Clinic note(s) confirming transplant eligibility and treatment history.

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

10 (Day) 02 (Month) 2026 (Year)