Ontario Health / Santé Ontario

eClaims
Demandes de remboursement en ligne

Eligibility Form

Bortezomib - In Combination with Pomalidomide and Dexamethasone for Previously Treated Multiple Myeloma

(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)

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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:

.....

Eligibility Criteria

Bortezomib is used in combination with pomalidomide and dexamethasone for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least one prior treatment regimen that includes lenalidomide. Patients must have a good performance status.

☐ Yes

3. Baseline Information

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

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

c. If yes, please indicate the date of the last administered dose

....
Day Month Year

4. Funded Dose

For cycles 1 to 8: Bortezomib 1.3 mg/m^2 intravenously (IV) or subcutaneously (SC) on days 1, 4, 8, and 11;
For cycle 9 onwards: Bortezomib 1.3 mg/m^2 IV or SC on days 1 and 8

Alternative dosing schedule:
For cycles 1 to 8: Bortezomib 1.3 to 1.5 mg/m^2 IV or SC on days 1, 8, and 15;
For cycle 9 onwards: Bortezomib 1.3 to 1.5 mg/m^2 IV or SC on days 1 and 8.

Treatment should continue until disease progression or unacceptable toxicity, whichever comes first.

1 cycle = 21 days

[ST-QBP regimen code: BORTDEXAPOMA]

5. Notes

1. Completion of this form is for bortezomib funding only. Public funding for pomalidomide must be obtained through a Ministry of Health program. Please check that your patient will be eligible for benefits under the Ontario Drug Benefit Program. Some patients may require registration into the Trillium Drug Program.

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 imaging (if applicable) from treatment initiation, and
   - The most recent clinic note, lab work, and imaging (if applicable)

Supporting Documents

None required at time of enrolment.

In the event of an audit or upon request, the following should be available to document eligibility:

- Clinic notes outlining patient and treatment history/response.
- Imaging and/or biochemical parameters that demonstrate no disease progression.

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

Day ..... Month ..... Year .....

Form 1057