Cancer Care Ontario
Action Cancer Ontario

eClaims

Eligibility Form

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 (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

Request prior approval for enrolment

* Justification for Funding

.....

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[a] ☐ 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