Cancer Care Ontario
Action Cancer Ontario | eClaims

Eligibility Form

# 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 ($m^2$): _____ * 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:

## 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 ☐ Yes

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

## 3. Funded Dose

a. Bortezomib will be given as part of the

- ○ VMP regimen (bortezomib, melphalan, and prednisone) for up to a maximum of 9, six-week cycles, or
- ○ CyBorD regimen (cyclophosphamide, bortezomib, and dexamethasone) for up to a maximum of 9, four-week cycles.

b. For VMP, the bortezomib dose is 1.3 mg/$m^2$ 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.

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/$m^2$ (as part of the VMP regimen) on days 1, 8, 15 and 22 every 35 days (cycles 1-9).

c. For CyBorD, the bortezomib dose is 1.3 to 1.5mg/$m^2$ IV or SC on Days 1, 8, 15, and 22 every 4 weeks for up to 8 or 9 cycles.

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