

## Bortezomib - Relapsed or Refractory 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<sup>2</sup>): ..... \* 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

Please select one of the following criteria:

- a. The patient has multiple myeloma that is refractory to or has relapsed within one year of the conclusion of initial or subsequent treatment(s) and is suitable for further chemotherapy ☐ Yes
- b. The patient has relapsed at least one year after autologous stem cell transplantation ☐ Yes
- c. Bortezomib is used, with or without dexamethasone, for the retreatment of patients with relapsed or refractory multiple myeloma who have not progressed on prior proteasome inhibitor therapy ☐ Yes

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### 3. Baseline Information

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

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### 4. Funded Dose

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Patient will receive Bortezomib:

- ☐ 1.3 mg/m<sup>2</sup> IV or SC on days 1, 4, 8 and 11 every 3 weeks for eight cycles, followed by treatment on days 1, 8, 15, and 22 every 5 weeks
- ☐ Weekly 1.3 mg/m<sup>2</sup> IV or SC

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### 5. Notes

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1. Funding does not extend to maintenance treatment for multiple myeloma patients post-autologous stem cell transplantation.

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### 6. FAQs

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- i. **My patient is currently receiving bortezomib through private or compassionate means. Can my patient be transitioned over to receive funding through the New Drug Funding Program (NDFP)?**

Provided the funding 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 of bortezomib through the New Drug Funding Program.

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### 7. Supporting Documents

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None required at the time of enrolment.

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

- Clinic notes indicating treatment history, including confirmation of no disease progression while on prior proteasome inhibitor therapy.

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

.....  
Day      Month      Year