Cancer Care Ontario
Action Cancer Ontario | eClaims

Eligibility Form

# Carfilzomib (Triplet Therapy) - In Combination with Lenalidomide and Dexamethasone for Relapsed 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

## Request prior approval for enrolment

* Justification for Funding

.....

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

## 2. Eligibility Criteria

The patient must meet the following criteria:

- Carfilzomib is used in combination with lenalidomide and dexamethasone for patients with multiple myeloma who have received at least one prior treatment. ☐ Yes
- Treatment should be in patients who have good performance status and are deemed to have adequate renal function.

Please confirm the following:

- The patient's disease did not progress during treatment with bortezomib. ☐ Yes
- If previously treated with lenalidomide, the patient did not discontinue due to adverse events or had disease progression during the first 3 months of treatment. ☐ Yes
- If the patient was most recently treated with lenalidomide, the patient's disease has not progressed at any time during treatment. ☐ Yes

## 3. Baseline Information

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

b. Is the patient currently on lenalidomide/dexamethasone for relapsed multiple myeloma? ○ Yes ○ No

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

d. If yes, how many cycles did the patient have prior to the transition?

○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8
○ 9 ○ 10 ○ 11 ○ 12 ○ 13 ○ 14 ○ 15 ○ 16 ○ 17

e. If yes, please indicate the number of milligrams the patient received prior to transitioning to NDFP funding: _____

## 4. Funded Dose

Cycle 1 - carfilzomib 20 mg/$m^2$ days 1 and 2, followed by carfilzomib 27 mg/$m^2$ days 8, 9, 15, 16

Cycle 2-12 - carfilzomib 27 mg/$m^2$ days 1, 2, 8, 9, 15, 16

Cycle 13-18 - carfilzomib 27 mg/$m^2$ days 1, 2, 15, 16

Carfilzomib is funded when used in combination with lenalidomide and dexamethasone (ST-QBP regimen code: CARFDEXALENA).

Treatment with carfilzomib should continue until disease progression or unacceptable toxicity, up to a maximum of 18 cycles.

## 5. Notes

1. Retreatment with carfilzomib is not publicly funded (i.e. if patients previously received carfilzomib, regardless of funding source, they are not eligible to receive carfilzomib under this policy).
2. Patients transitioning from a private payer or compassionate program will be eligible for a total of 18 cycles of carfilzomib.
3. Carfilzomib must be initiated with lenalidomide and dexamethasone to be eligible for funding.
4. Patients who start with lenalidomide/dexamethasone for relapsed multiple myeloma may add carfilzomib to the treatment regimen provided the patient meets all criteria at the point of carfilzomib addition.

## 6. FAQs

i. **My patient is currently receiving carfilzomib through Amgen's Victory program. Can my patient be transitioned over to receive funding through the New Drug Funding Program (NDFP)?**

Patients who enrolled in the Victory program prior to May 1, 2018 and are currently receiving treatment through the program will continue to receive treatments through Victory until June 8, 2018. After this date, patients who met public funding criteria at the point of treatment initiation may transition to NDFP funding for the remainder of their treatment course.

ii. **My patient completed 18 cycles of carfilzomib with good response, but is now showing signs of relapse. Can I now treat with carfilzomib and dexamethasone?**

CCO will fund one course of treatment with carfilzomib for each patient with relapsed myeloma, either as part of a doublet or triplet, for carfilzomib-naïve patients. If a patient completes 18 cycles of carfilzomib as part of triplet therapy, regardless of funding source, they will not be eligible for further treatments with carfilzomib at the point of relapse.

iii. **My patient is on lenalidomide maintenance after autologous stem cell transplant, but is showing signs of relapse. Can I now treat with carfilzomib in triplet therapy?**

Patients who relapse on any dose of lenalidomide (including maintenance) are not eligible for carfilzomib as part of triplet therapy. Please refer to the attached funding algorithm for funded options for lenalidomide refractory patients in the relapsed setting.

iv. **My patient is on lenalidomide maintenance after autologous stem cell transplant and has not relapsed. Can I add carfilzomib to the patient's treatment?**

Carfilzomib is funded for patients who have relapsed following at least one prior treatment. Patients are not eligible for carfilzomib if they have not relapsed following any treatments for multiple myeloma. Please refer to the attached funding algorithm for funded treatments for relapsed multiple myeloma.

v. **My patient has been treated with an alternate regimen for relapsed multiple myeloma. How can my patient access carfilzomib?**

Please refer to the attached funding algorithm for funded treatments for relapsed multiple myeloma. If the patient meets criteria for both carfilzomib and lenalidomide, CCO will fund carfilzomib as part of triplet therapy for relapsed myeloma. Patients who are refractory to bortezomib and/or lenalidomide may be funded for carfilzomib in combination with dexamethasone as a doublet therapy.

## 7. Supporting Documents

If the patient does not have previous bortezomib treatments in eClaims, please upload clinic notes indicating the previous treatment history, including the reason for treatment discontinuation.

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

- Clinic notes indicating treatment history, including the reason for discontinuing previous treatment.

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

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