Programme de
GESTION THÉRAPEUTIQUE
des médicaments

Intervention Plan
PGTM Clinical Intervention Model (CIM):
Descriptive analysis of bortezomib use in Quebec's university teaching hospitals - 2015

Background:
Undertake concerted actions at the provincial level (specific interventions) regarding bortezomib use in the Quebec university teaching hospitals (UTHs) that treat adult cancer patients. Institute measures that will apply to the four Quebec UTHs in question (a PGTM bortezomib CIM).

The PGTM's scientific recommendations

In light of the results obtained for the population treated with bortezomib, the PGTM recommends that:

- The results of this descriptive analysis be disseminated and submitted to the care teams for discussion;
- Multiple myeloma treatment algorithms be developed and implemented in our UTHs, both for first-line therapy and for the treatment of refractory or recurrent disease;
- The treatment regimens in use be standardized within a given UTH. In this regard, the preprinted prescription form is a measure that promotes the uniform prescribing of chemotherapy regimens or protocols;
- The use of bortezomib among all the other therapeutic agents available in Quebec be optimized in terms of the treatment sequence in recurrent multiple myeloma;
- The role of bortezomib in the traitement of diseases in which it has no official indication be determined, in particular, lymphoplasmacytic lymphoma and amyloidosis. To this end, the group of Quebec experts on the Committee on the Evolution of Oncology Practice (CEPO) could be consultled for their recommendations.

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Objective: To ensure optimal bortezomib use in Quebec's UTHs.

Intervention measures: Each institution is to determine which interventions apply to its situation and make one or more of them priorities.

Timetable: Institute applicable measures at each UTH within 12 months, commencing with May 2015.

Intervention plan for the PGTM's bortezomib CIM:

1. Present the results to the Pharmacy and Therapeutics Committee (and/or the Chemotherapy Subcommittee, if applicable);
2. Present the local results to the health professionals concerned, in particular, the pharmacists who work in hematology/oncology and the hematologists/oncologists;
3. Based on the multiple myeloma treatment algorithms developed, harmonize the treatment regimens in terms of the dose, the frequency and the number of cycles to be administered;
4. Update the existing preprinted forms or create new ones for the treatment of multiple myeloma and disseminate them to make their existence known and encourage their use;
5. Based on the CEPO's recommendations, propose rules governing the use of bortezomib in the treatment of lymphoplasmacytic lymphoma and amyloidosis;
6. Conduct a follow-up study to check if bortezomib is being prescribed in accordance with the treatment algorithms and the rules governing its use.