Multiple Myeloma
Radiation Therapy Physician Worksheet

If the treatment is for metastases from multiple myeloma, please use the appropriate metastatic worksheet.

For NON-URGENT requests, please complete this document for authorization along with any relevant clinical documentation requested within this document (i.e. radiation therapy consultation, comparison plan, etc.) before submitting the case by web, phone, or fax. Failure to provide all relevant information may delay the determination. Phone and fax numbers can be found on eviCore.com under the Guidelines and Fax Forms section. You may also log into the provider portal located on the site to submit an authorization request. URGENT (same day) requests must be submitted by phone.

First Name:	**Middle Initial:**	**Last Name:**
DOB (mm/dd/yyyy):	**Member ID:**	
What is the radiation therapy treatment start date (mm/dd/yyyy)?		_____ /_____ /_____

1.	Is treatment planned for palliation of multiple myeloma? *If yes is selected, skip forward to question #3.*	☐ Yes ☐ No
2.	Is treatment planned for a solitary plasmacytoma (either bone or extraosseous)?	☐ Yes ☐ No
	If treatment is not planned for palliation of multiple myeloma or for solitary plasmacytoma, please stop and use the appropriate worksheet for the patient's diagnosis.	
3.	What is the location/site being treated?	_____
4.	a. Are you treating a second and/or third site? *If no is selected, skip forward to question #5.*	☐ Yes ☐ No
	b. What is the second location/site being treated?	_____
	c. What is the third location/site being treated?	_____
	d. Will sites be treated concurrently?	☐ Yes ☐ No

Continued on next page

5.	What external beam radiation therapy (EBRT) technique will be used to deliver the radiation therapy? *Select the treatment technique for each site, and fill in the number of gantry angles and fractions.*		
	Site 1	Site 2	Site 3
	☐ Conventional isodose planning, complex ☐ 3D conformal ☐ Intensity modulated radiation therapy (IMRT) ☐ Proton beam therapy ☐ Rotational arc therapy ☐ Stereotactic body radiation therapy (SBRT) ☐ Tomotherapy ☐ Electrons ☐ Biology-guided Radiation Therapy (BgRT)	☐ Conventional isodose planning, complex ☐ 3D conformal ☐ Intensity modulated radiation therapy (IMRT) ☐ Proton beam therapy ☐ Rotational arc therapy ☐ Stereotactic body radiation therapy (SBRT) ☐ Tomotherapy ☐ Electrons ☐ Biology-guided Radiation Therapy (BgRT)	☐ Conventional isodose planning, complex ☐ 3D conformal ☐ Intensity modulated radiation therapy (IMRT) ☐ Proton beam therapy ☐ Rotational arc therapy ☐ Stereotactic body radiation therapy (SBRT) ☐ Tomotherapy ☐ Electrons ☐ Biology-guided Radiation Therapy (BgRT)
	Fractions: _______________	Fractions: _______________	Fractions: _______________

6.	What is the patient's ECOG performance status?	☐ 0	Fully active, able to carry on all pre-disease performance without restriction.
		☐ 1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work.
		☐ 2	Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.
		☐ 3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours.
		☐ 4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.

7.	Is the area to be treated abutting, overlapping, or within a previously irradiated area?	☐ Yes ☐ No
8.	Will daily image-guided radiation therapy (IGRT) be used?	☐ Yes ☐ No

Continued on next page

9.	Note any additional information in the space below.