Eligibility Form

Bendamustine - First Line - Chronic Lymphocytic Leukemia

(This form should be completed before the first dose is dispensed.)
1. Patient Profile

- Surname: __________________________________________
- Given Name: _______________________________________
- OHIN: ____________________________________________ * Chart Number: _____________________________
- Postal Code: ______________________________________
- Height (cm): _______ * Weight (kg): _____________
- BSA (m²): __________ * 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

The patient meets all of the following criteria:

Bendamustine is being used as first line therapy for the chronic lymphocytic leukemia  □ Yes

The patient has Binet Stage B or C and a WHO performance status of <= 2 at the recommended  □ Yes
The patient has Binet Stage B or C and a WHO performance status of <= 2 at the recommended dose

The patient is not medically fit to tolerate fludarabine-based regimens and could be treated with other options such as chlorambucil

3. Funded Dose

Bendamustine 100mg/m² on Days 1 and 2 within each 28 day cycle to a maximum of 6 cycles.

4. Notes

a. Bendamustine funding is for single agent use only.

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