Eligibility Form

Bendamustine - First Line - Indolent Non-Hodgkin's Lymphoma and Mantle Cell Lymphoma

(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  
- 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 used in combination with rituximab in the first line setting in patients with indolent CD20 positive non-Hodgkin's lymphoma or mantle cell lymphoma  
- Yes
3. Funded Dose

Bendamustine 90mg/m² on Days 1 and 2 of a 28-day cycle to a maximum of 6 cycles (combination therapy).

4. Notes

a. Bendamustine is not funded if used as a single agent.
b. Patients who receive first line rituximab bendamustine would be eligible for rituximab maintenance provided that the maintenance rituximab funding criteria are met.

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