Cetuximab and Radiation - Locally Advanced Squamous Cell Carcinoma of the Head and Neck

(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 (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 must meet the following criteria:

a. The patient has locally or regionally advanced squamous cell carcinoma of the head and neck without distant metastases  Yes
b. The patient is unable to use cisplatin or carboplatin/5FU due to a medical contraindication (i.e., true platinum allergy or where the use of myelosuppressive drugs is contraindicated)  ☐ Yes

c. Cetuximab is used concurrently with acceptable radiation schedules that plan to intensify the delivery of radiation, such as accelerated radiotherapy  ☐ Yes

3. Funded Dose

- Cetuximab 400 mg/m² IV loading dose, followed by 250 mg/m² IV weekly for 6 to 7 weeks

- Treatment is limited to the duration of radiation therapy

4. 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