Gemcitabine and Nab-Paclitaxel - Advanced Pancreatic Cancer

Please note that Locally Advanced Unresectable Pancreatic Cancer and Metastatic Pancreatic Cancer are both considered "Advanced Pancreatic Cancer" from a funding perspective.

(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): ............... Gender: ○ Male ○ Female ○ Other
- BSA (m²): ............... 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:
- The gemcitabine and nab-paclitaxel regimen will be used to treat first-line Advanced Pancreatic Cancer (Locally Advanced Unresectable Pancreatic Cancer or Metastatic Pancreatic Cancer) ○ Yes
3. Funded Dose

- Gemcitabine 1000 mg/m² and nab-paclitaxel 125 mg/m² days 1, 8, 15 every 28 days

4. Notes

a. Patients who are funded for this gemcitabine-nab-paclitaxel combination for the treatment of either locally advanced unresectable or metastatic pancreatic cancer will not be eligible for the funding of oxaliplatin and irinotecan under the FOLFIRINOX regimen and gemcitabine single agent.
b. Nab-paclitaxel must be administered in combination with gemcitabine, and not as a single-agent
c. Completion of this form will fulfill the enrolment requirements for both gemcitabine and nab-paclitaxel.

5. 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]