Eligibility Form

Oxaliplatin - Second Line - Metastatic Colorectal, Small Bowel, or Appendiceal Cancer

(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 metastatic cancer
   - Colon
   - Rectal
   - Small bowel
   - Appendiceal

b. ECOG Performance Status is 0 – 2
   - 0
   - 1
   - 2

c. The patient is at least 18 years of age
   - Yes

d. The patient has adequate hematologic, hepatic and renal function
   - Yes

e. The patient has progressed:
   - on first line 5-FU or capecitabine monotherapy (TS inhibitor) and has a contraindication to second line irinotecan
   - following both irinotecan and a TS inhibitor

3. Funded Dose

Please select one of the following regimens:

FOLFOX regimen (using oxaliplatin doses of 85 mg/m² per cycle) until progression
   - Yes

XELOX regimen (if coverage already exists for the capecitabine portion)
   - Yes

4. Notes

Oxaliplatin will not be reimbursed as a single agent.

5. Supporting Documents

None required at the time of enrolment.

In the event of an audit, CCO may request relevant documentation for this drug and/or policy. Documentation requirements will be communicated at the time of audit.

Signature of Attending Physician (MRP-Most Responsible Physician): ________________________________

Day   Month   Year