Oxaliplatin and Irinotecan - Advanced Pancreatic Cancer (FOLFIRINOX)

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): ...........
- BSA (m²): ...........
- Gender: ○ Male ○ Female ○ Other
- Date of Birth: ........... ........... ...........
  Day  Month  Year
- Site:
- Attending Physician (MRP­ Most Responsible Physician): .................................................................

Requested Prior Approval  □ Yes  □ No

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. Oxaliplatin and irinotecan will be used as part of the FOLFIRINOX regimen for the first line treatment of Locally Advanced Unresectable Pancreatic Cancer or Metastatic Pancreatic Cancer
Patient is receiving this regimen for:

- □ Locally advanced unresectable pancreatic cancer
- □ Metastatic pancreatic cancer

b. The patient has an ECOG performance status of 0 to 1 and bilirubin < 1.5 upper limit of normal (ULN) (26 mmol/L)

Select patient’s ECOG status at the time of enrolment:

- □ 0
- □ 1

3. Funded Dose

- Irinotecan 180mg/m² IV Day 1 and oxaliplatin 85mg/m² IV Day 1, to be given every 2 weeks

4. Notes

a. Patients who are funded for FOLFIRINOX for the treatment of either locally advanced unresectable or metastatic pancreatic cancer will not be eligible for the funding of the gemcitabine/nab-paclitaxel combination, but will be eligible for single agent gemcitabine upon progression.

b. Completion of this form will fulfill the enrolment requirements for both oxaliplatin and irinotecan.

c. FOLFIRINOX will not be considered for funding if used for the treatment of neoadjuvant or adjuvant pancreatic cancer.

d. Clinicians who offer FOLFIRINOX to their patients must be aware of the toxicities associated with this regimen in the context of the eligibility criteria from the French trial (N Engl J Med. 2011 May 12; 364(19):1817-25.), including the fact that accrual was limited to patients less than or equal to 75 years of age. Bolus 5FU may be omitted from the FOLFIRINOX regimen if there is concern over toxicity. Reported hematologic toxicities include: neutropenia, febrile neutropenia, thrombocytopenia, and anemia. Reported nonhematologic events include: fatigue, vomiting, diarrhea, sensory neuropathy, elevated level of alanine aminotransferase, thromboembolism.

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.