Paclitaxel in Combination with Platinum - First Line - Advanced Ovarian, Fallopian Tube, or Primary Peritoneal Carcinoma

(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:

The patient has:
□ Stage II ovarian cancer
□ Stage III or IV ovarian cancer optimally debulked (<1cm)
□ Stage III or IV ovarian cancer sub optimally debulked (>1cm)
□ Fallopian tube cancer  □ Primary peritoneal cancer

3. Funded
3. Funded Dose

- a. Please select one of the following regimens:
  - 175mg/m² every 3 weeks up to 9 treatments
  - weekly up to 27 treatments

4. Notes

a. Patients with recurrence 6 months or longer from the date of their last dose of platinum-containing therapy (platinum-sensitive) are eligible for retreatment with a paclitaxel/platinum combination. Please enrol in the form titled "Paclitaxel In Combination with Platinum - Recurrent Ovarian, Fallopian Tube, or Primary Peritoneal Carcinoma" for further funding.

b. Patients that are using bevacizumab in combination with carboplatin and paclitaxel should enrol in the form titled "Bevacizumab and Paclitaxel - Initial Treatment of Ovarian Cancer" for funding of both bevacizumab and 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): ...............................................................