Paclitaxel in Combination with Platinum - Recurrent - 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. Funded Dose

- Patients with recurrence of 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.

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