Pemetrexed - Advanced Malignant Pleural Mesothelioma (MPM)

(This form must be completed before the first dose is dispensed.)
1. **Patient Profile**

- **Surname:**
- **Given Name:**
- **OHIN:**
- **Postal Code:**
- **Height (cm):**
- **Weight (kg):**
- **BSA (m²):**
- **Date of Birth:**
  - Day
  - Month
  - Year
- **Gender:**  
  - Male
  - Female
  - Other
- **Site:**
- **Attending Physician (MRP- Most Responsible Physician):**

**Requested Prior Approval**  
- Yes
- No

**Other (specify):**

**Specify Arm:**
- Standard of care arm
- Experimental arm
- Blinded / Unknown

**Justification for Funding**

---

2. **Eligibility Criteria**

The patient meets the following criteria:

a. Pemetrexed is used in combination with cisplatin for the first line treatment of advanced symptomatic malignant pleural mesothelioma and the patient is not suitable for  
   - Yes
3. Funded Dose

Pemetrexed 500 mg/m² and cisplatin 75 mg/m² on Day 1, repeated every 21 days until disease progression.

4. Notes

a. Any modifications to the regimen require prior approval.

b. Vitamin supplementation is mandatory starting at least 1 week prior to the first dose of pemetrexed and continuing until 3 weeks after the last dose of pemetrexed.
   
i. Vitamin B12: 1000mcg IM every 9 weeks
   ii. Folic acid 0.4 – 1 mg PO daily

c. Funding of pemetrexed will be discontinued if there is evidence of disease progress.

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