Pemetrexed - Combination with Platinum for Non-Small Cell Lung 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 [ ] 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

a. The patient must meet one the following criteria:

[ ] Pemetrexed is used in combination with platinum for 4 to 6 cycles, for the first line (or induction) treatment
3. Funded Dose

- 500 mg/m² on day 1 - repeat every 21 days for 4 to 6 cycles.

4. Notes

a. Patients whose disease has progressed following treatment with pemetrexed (maintenance and/or prior lines of therapy) are not eligible for pemetrexed funding in the second or subsequent line setting.

b. Funding of pemetrexed will be discontinued if there is evidence of disease progression.

c. Patients who are continuing pemetrexed as a single agent (maintenance) after 4-6 cycles of pemetrexed-platinum should be enrolled under the policy "Pemetrexed - Maintenance Treatment of Nonsquamous Non-Small Cell Lung Cancer".

d. 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 $B_{12}$ 1000 mcg IM every 9 weeks
   ii. Folic acid 0.4 – 1 mg po daily

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