Pemetrexed - Maintenance Treatment of Nonsquamous Non-Small Cell Lung Cancer (NSCLC)

(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:  
- 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:

- Pemetrexed will be given as monotherapy for the maintenance treatment of locally advanced or metastatic nonsquamous non-small cell lung cancer following 4 to 6 cycles of platinum doublet induction treatment, which may include pemetrexed for patients who
platinum doublet induction treatment, which may include pemetrexed, for patients who achieved stable disease or better and who have an ECOG performance status of 0 or 1.

3. Funded Dose

- Pemetrexed 500 mg/m\(^2\) IV Day 1, repeat every 21 days until disease progression

4. Notes

a. Maintenance therapy must be initiated within 42 days of the completion of 4 to 6 cycles of doublet therapy, and no disease progression has been noted.
b. 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.
c. Funding of pemetrexed will be discontinued if there is evidence of disease progression.
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