Rituximab - Previously Untreated Chronic Lymphocytic Leukemia

(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 
  - 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

The patient must meet criterion a:

a. Patient has previously untreated chronic lymphocytic leukemia where fludarabine-based therapy is considered appropriate

  - Yes
3. Baseline Information

Screening for Hepatitis B virus with HBsAg and HBcAb has been completed or is in progress

☐ Yes  ☐ No

4. Funded Dose

- Cycle 1 - rituximab 375 mg/m²
- Cycles 2 through 6 - rituximab 500 mg/m²

5. Notes

a. For patients with high tumour load, consider a slower infusion rate or split dosing over 2 days during the first cycle.

b. Rituximab must be used with fludarabine-based chemotherapy.

c. Patients on current fludarabine-based therapy may receive rituximab provided they have not progressed on therapy.

6. 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