Eligibility Form

Rituximab - Second Line - Chronic Lymphocytic Leukemia

(This form should 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 meets criteria a and b:

a. Rituximab is being used in the second line setting for relapsed or refractory chronic lymphocytic leukemia, in combination with a fludarabine-based treatment (i.e., the patient is a suitable
candidate for fludarabine-based therapy).

b. The patient is anti-CD20 antibody naïve (i.e., the patient has never been treated with an anti-CD20 antibody (rituximab or obinutuzumab) for chronic lymphocytic leukemia).

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 375mg/m²  
Cycles 2 to 6 - Rituximab 500mg/m²

5. Notes

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

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

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