Zoledronic Acid - Hormone-Refractory Prostate 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

The patient must meet both criteria a and b

a. Patient has hormone refractory prostate cancer (HRPC).  ☐ Yes
(HRPC is defined as rising PSA or progression of metastatic disease in the face of castrate testosterone levels.)

b. Patient has **asymptomatic or minimally symptomatic** bone metastases.

(Patients requiring strong narcotic therapy for pain control are not considered to be minimally symptomatic and are not eligible for treatment with zoledronic acid.)

3. **Funded Dose**

- Zoledronic acid 4 mg IV q3 weeks

4. **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): ..................................................

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Day    Month    Year