

Case-by-Case Review Program (CBCRP) Renewal Form

This form is to be used to **request a renewal for funding** of a drug previously approved by CBCRP

- Notes:
- **CBCRP does not provide retroactive funding. Please submit this form and the required documentation at least 3 weeks before administering the last funded dose.**
 - Requests for funding under the CBCRP are adjudicated against the eligibility criteria set forth in the *Case-By-Case Review Policy for Cancer Drugs*.

Collection and Use of Personal Information

Ontario Health (OH) collects and uses information on this form to make eligibility recommendations; and for the purpose of analysis or compiling statistical information with respect to the management of, evaluation or monitoring of, the allocation of resources to or planning for all or part of the health system, including the delivery of services, pursuant to section 45 of the *Personal Health Information Protection Act, 2004*.

As part of the evaluation and reimbursement process for CBCRP, it may be necessary for OH to disclose or share the patient's personal health information to other administrative programs for health services and insured benefits at the Ministry of Health or at OH.

Section 1: Applicant Information

Treating Oncologist

First Name LastName CPSO No.

Telephone Fax Email

Affiliated Hospital / Cancer Centre

If the treating oncologist is not the primary contact person for questions relating to this request, enter the contact information for the **primary contact person**:

First Name Last Name

Telephone Fax Email

Section 2: Patient Information

CBCRP Request Tracking Number from initial request (e.g., CBC_REQ_00000001)

First Name Last Name

OHIN Date of Birth (MM/DD/YYYY)

Gender Male Female Other Height (cm) Weight (kg) BSA (m²)

Section 3: Treatment Information

Cancer Diagnosis (i.e., requested indication)

Requested Drug:

Generic Name Brand Name DIN(s)

Date FIRST dose dispensed Date LAST dose dispensed

No. of cycles administered (at the time of this request) How many cycles are you requesting?

1. Explain your treatment and monitoring plan:
List the dose, frequency, and route of administration for the requested drug. Indicate if used in combination with another regimen or treatment modality. Describe the frequency and method of evaluating the treatment response.

2. Did you modify the treatment regimen described in the initial request? Yes No

If yes, describe and explain the reason for the regimen modification.
(e.g., dose reductions, adding or omitting another drug)

3. Describe both the clinical benefits and any toxicities that your patient has experienced by using the requested drug.
(If applicable, provide a rationale for treatment interruptions.)

Section 4: Required Documentation

Attach supporting documentation that demonstrates a subjective and objective response to the requested therapy (e.g., CT scans, bone marrow aspirate or biopsy). **Clinic notes with the patient assessment, from the last 2 clinic visits prior to this renewal, must be included.** Refer to the initial approval letter for any other documentation requirements.

OH may request additional information as necessary to adjudicate your case.

Section 5: Consents and Approvals

By checking this box, I confirm that the patient, or relevant substitute decision-maker where applicable, has provided his/her express consent for the disclosure and use of the patient's PHI in accordance with the above stated purpose.

By checking this box, I certify that the information set out in this Renewal Form is true and accurate, to the best of my knowledge.

Please complete this section, **if you are physician from outside of Ontario** (i.e., Quebec or Manitoba).

By checking this box, I confirm that the patient named above, or relevant substitute decision-maker where applicable, consents that the patient's personal health information will be collected and used by OH in order to determine the patient's eligibility to receive drug reimbursement as well as for purposes for analysis or compiling statistical information with respect to the management of, evaluation or monitoring of, the allocation of resources to or planning for all or part to the health system, including the delivery of services.

To determine eligibility for a specific drug, it may be necessary for OH to disclose the patient's PHI to other administrative programs for health services and insured benefits at the Ministry of Health as well as the patient's treating pharmacist.

Date Completed

Section 6: How to submit an application

- Submit this Request Form and all required documentation via eClaims:
See "Application Instructions" at https://www.cancercareontario.ca/en/Funding/Case-by-Case_Review_Program
- To avoid unnecessary delays in the review of your application, please ensure that this Request Form is complete and that all relevant documentation is provided.
- The CBCRP aims to provide a decision within two weeks from a complete application.
- For complete application instructions and program policies, visit the CBCRP website.

*Should you have any questions about this Renewal Form or this program,
please email the CBCRP at OH-CCO_cbcpr@ontariohealth.ca.*