
Bendamustine - First 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 all of the following criteria:

Bendamustine is being used as first line therapy for the chronic lymphocytic leukemia Yes

The patient has Binet Stage B or C and a WHO performance status of ≤ 2 at the recommended Yes

The patient has Binet Stage B or C and a WHO performance status of ≤ 2 at the recommended dose Yes

The patient is not medically fit to tolerate fludarabine-based regimens and could be treated with other options such as chlorambucil Yes

3. Funded Dose

Bendamustine 100mg/m² on Days 1 and 2 within each 28 day cycle to a maximum of 6 cycles.

4. Notes

- a. Bendamustine funding is for single agent use only.

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