Cancer Care Ontario
Action Cancer Ontario

eClaims

Eligibility Form

# Bendamustine - First Line - Indolent Non-Hodgkin's Lymphoma and Mantle Cell Lymphoma

(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 ($m^2$): ..... * 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 used in combination with rituximab in the first line setting in patients with indolent CD20 positive non-Hodgkin's lymphoma or mantle cell lymphoma ☐ Yes

The patient has an ECOG performance status of less than or equal to 2 ☐ Yes

## 3. Funded Dose

Bendamustine 90mg/$m^2$ on Days 1 and 2 of a 28-day cycle to a maximum of 6 cycles (combination therapy).

## 4. Notes

a. Bendamustine is not funded if used as a single agent.
b. Patients who receive first line rituximab bendamustine would be eligible for rituximab maintenance provided that the maintenance rituximab funding criteria are met.

## 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