Cancer Care Ontario
Action Cancer Ontario | eClaims

Eligibility Form

Bendamustine - Relapsed/Refractory - 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

Prior Approval Request

* Select the appropriate prior approval scenario:

○ 1-Unknown primary (submit pathology report and clinic note)

- ○ 2-Clinical document review (identify the patient history that needs to be reviewed against eligibility criteria in Additional Comments below)
- ○ 3-Regimen modification - schedule (complete questions a and b)
- ○ 4-Regimen modification - drug substitutions (complete questions a and c)
- ○ 5-Withholding a drug in combination therapy from start of treatment (complete questions d, e and f)
- ○ 6-Maintenance therapy delay (submit clinic note)
- ○ 7-Prior systemic therapy clinical trials (complete question g)
- ○ 8-Modification due to supply interruption/drug shortage
- ○ Other (specify)

.....

All relevant supporting documentation must be submitted at the time of prior approval. Documentation may include a pathology report, clinic note, and/or CT scans.

a. Co-morbidities / toxicity / justification:

.....

b. Intended regimen schedule: .....

c. Intended regimen: .....

d. Drug(s) to be held: .....

e. Rationale for holding drug(s): .....

f. Intention to introduce drug at a later date? ☐ Yes

g. Prior clinical trial identifier (e.g., NCT ID, trial name) and treatment description (e.g., arm, drug/regimen): .....

h. Anticipated date of first treatment: .... Day Month Year

i. Additional comments:

2. Eligibility Criteria

The patient must meet the following criteria:

- Bendamustine is used in the relapsed/refractory setting in patients with indolent CD20 positive non-Hodgkin's lymphoma or mantle cell lymphoma **when used in combination with rituximab**, where the combination of fludarabine-rituximab could previously have been a therapeutic option. ☐ Yes

  Patients with indolent CD20 positive non-Hodgkin's lymphoma (excluding mantle cell lymphoma) may use bendamustine in combination with obinutuzumab if the patient meets obinutuzumab criteria.

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. A patient whose disease has relapsed from rituximab is eligible for rituximab funding provided that the funding criteria for rituximab retreatment are met (e.g., the patient has sustained a response and has remained disease free for at least 6 months following the last dose of rituximab received). Please refer to the rituximab retreatment eligibility form for more details.

Supporting Documents

None required.

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): .....

17 (Day) 10 (Month) 2018 (Year)