Cancer Care Ontario
Action Cancer Ontario | eClaims

Eligibility Form

Bevacizumab (Biosimilar) - In Combination with Lomustine for Recurrent Glioblastoma

(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)

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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

Bevacizumab is used in combination with lomustine for the treatment of adult patients with recurrent glioblastoma. ☐ Yes

Patients must have:

- Histopathologically confirmed glioblastoma, and;
- Progression at least 3 months after the end of chemoradiotherapy, and;
- Adequate hematologic, renal, and hepatic function, and;
- A good performance status.

3. Baseline Information

a. WHO Performance Status at the time of enrolment ○ 0 ○ 1 ○ 2

b. Is the patient transitioning from a private payer or compassionate program? ○ Yes ○ No

c. If yes, how many doses of bevacizumab did the patient receive prior to the transition?

d. If yes, please indicate the date of the last administered dose Day Month Year

4. Funded Dose

Bevacizumab 10 mg/kg given intravenously (IV) every 2 weeks, when used in combination with lomustine.

Treatment should continue until disease progression or unacceptable toxicity, whichever comes first.

[ST-QBP regimen code(s): LOMU+BEVA]

5. Notes

1. Patients must be able to initiate treatment with both bevacizumab and lomustine.

2. Patients who discontinue lomustine may continue bevacizumab (and vice versa).

6. FAQs

1. **My patient is currently receiving bevacizumab through non-publicly funded means (e.g., private insurance). Can my patient be transitioned to receive funding through the New Drug Funding Program (NDFP)?**

   Provided the eligibility criteria were met at the time of treatment initiation and the patient's disease has not progressed, your patient may be eligible for continued coverage through the NDFP.

2. **What is the process for transitioning my patient from a non-publicly funded program to NDFP funding?**

   If your patient meets all of the eligibility criteria outlined in this policy, please submit as a regular eClaims enrolment.

   Prior approval requests are reserved for instances where there is clinical uncertainty on eligibility. In these circumstances, please specify your reason(s) for uncertainty and upload the following:
   - A clinic note and imaging (if applicable) from treatment initiation, and
   - The most recent clinic note and imaging (if applicable), and
   - A pathology report demonstrating glioblastoma.

3. **My patient is currently receiving lomustine as monotherapy for recurrent glioblastoma. Can bevacizumab be added?**

   Provided the patient has not progressed on treatment, and meets all the eligibility criteria, the addition of bevacizumab may be funded under this policy. Please submit as a prior approval request in eClaims including the most recent clinic note outlining the treatment history and response to treatment (including imaging, if applicable), if able to assess.

Supporting Documents

None required at time of enrolment.

In the event of an audit or upon request, the following should be available to document eligibility:
- Clinic notes outlining treatment history.
- Imaging (if applicable).
- Pathology report demonstrating glioblastoma.

Signature of Attending Physician (MRP-Most Responsible Physician): .....

....
Day Month Year