Cancer Care Ontario
Action Cancer Ontario | eClaims

Eligibility Form

Brentuximab Vedotin - Relapsed or Refractory Hodgkin Lymphoma

This is a renamed version of *Brentuximab - Hodgkin's Lymphoma* policy.

(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

a. The patient meets the following criteria:

- Brentuximab vedotin will be used in patients with Hodgkin lymphoma who have relapsed disease following autologous stem cell transplant (ASCT) and who have an ECOG performance status of 0 or 1. ☐ Yes

3. Funded Dose

Brentuximab vedotin 1.8 mg/kg IV every 3 weeks until disease progression or unacceptable toxicity.

4. Notes

1. A clinic note confirming relapse post autologous stem cell transplantation and a pathology report confirming CD30+ve Hodgkin lymphoma must be submitted to CCO prior to the start of treatment.
2. Treatments beyond 16 cycles require documentation showing continued evidence of benefit (i.e.,a clinic note and CT scan confirming that there is no evidence of disease progression). The documentation can be submitted with the treatment claims.
3. Patients who are not candidates for ASCT and who have relapsed disease following at least two prior multi-agent chemotherapies are not eligible for brentuximab vedotin funding.
4. Use of brentuximab vedotin prior to ASCT is not funded.
5. As per the manufacturer's product monograph, the maximum dose that can be administered is based on a weight of 100kg.
6. NDFP will fund brentuximab vedotin monotherapy in a subsequent line of therapy if the patient has had a disease-free interval (DFI) of 12 months or greater from completion of prior brentuximab vedotin (in combination with chemotherapy) or brentuximab vedotin consolidation. Retreatment with brentuximab vedotin (in combination with chemotherapy) will not be funded.

5. 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