Cancer Care Ontario
Action Cancer Ontario

eClaims

Eligibility Form

Cetuximab and Radiation - Locally Advanced Squamous Cell Carcinoma of the Head and Neck

(This form must 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 must meet the following criteria:

a. The patient has locally or regionally advanced squamous cell carcinoma of the head and neck without distant metastases ☐ Yes

b. The patient is unable to use cisplatin or carboplatin/5FU due to a medical contraindication (i.e., true platinum allergy or where the use of myelosuppressive drugs is contraindicated) ☐ Yes

c. Cetuximab is used concurrently with acceptable radiation schedules that plan to intensify the delivery of radiation, such as accelerated radiotherapy ☐ Yes

3. Funded Dose

- Cetuximab 400 mg/m^2 IV loading dose, followed by 250 mg/m^2 IV weekly for 6 to 7 weeks
- Treatment is limited to the duration of radiation therapy

4. 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): .....

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Day Month Year