Cancer Care Ontario
Action Cancer Ontario

eClaims

Eligibility Form

Denosumab - Hormone Refractory Prostate Cancer

(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:

Denosumab will be used for the treatment of bony metastases for patients with hormone refractory prostate cancer as determined by an elevated PSA level, or evidence of progressive ☐ Yes

bony disease, despite castrate serum testosterone levels (<1.7 nmol/L or 50ng/dL)

3. Funded Dose

- Denosumab 120mg sc every 4 weeks

4. Notes

a. Evidence of progressive bony disease can be demonstrated by progressive changes in radionucleotide bone scan or clinical signs of disease progression (e.g., pathologic fracture or increasing bone pain).

b. Serum testosterone level does not apply for patients who have undergone orchidectomy.

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): .....

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Day Month Year