Cancer Care Ontario
Action Cancer Ontario | eClaims

Eligibility Form

Gemcitabine and Nab-Paclitaxel - Advanced Pancreatic Cancer

Please note that Locally Advanced Unresectable Pancreatic Cancer and Metastatic Pancreatic Cancer are both considered "Advanced Pancreatic Cancer" from a funding perspective.

(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

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:

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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:

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2. Eligibility Criteria

The patient must meet the following criteria:

- The gemcitabine and nab-paclitaxel regimen will be used to treat first-line Advanced Pancreatic Cancer (Locally Advanced **Unresectable** Pancreatic Cancer or Metastatic Pancreatic Cancer)
  - ☐ Yes
- Select patient's ECOG status at the time of enrolment:
  - ○ 0
  - ○ 1
  - ○ 2
- Patient is receiving the gemcitabine/nab-paclitaxel regimen for:
  - ○ Locally advanced unresectable pancreatic cancer
  - ○ Metastatic pancreatic cancer

3. Baseline Information

Please select the previous cytotoxic therapy/therapies received for advanced pancreatic cancer (check all that apply):

- ☐ Oxaliplatin and irinotecan in combination (FOLFIRINOX)
- ☐ Gemcitabine
- ☐ The patient has received neither

4. Funded Dose

- Gemcitabine 1000 mg/m^2 and nab-paclitaxel 125 mg/m^2 days 1, 8, 15 every 28 days

5. Notes

1. Nab-paclitaxel must be administered in combination with gemcitabine, and not as a single-agent.
2. When nab-paclitaxel is used in combination with gemcitabine for advanced pancreatic cancer, the cost of gemcitabine is funded through the Systemic Treatment Quality-Based Procedure (ST-QBP) and is included in the band level pricing.

6. 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