

Liposomal DOXOrubicin - Single Agent Treatment of Platinum Sensitive Ovarian, Fallopian Tube, or Primary Peritoneal Cancer for Patients Unable to Receive Platinum Therapy

(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 (m²): * 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: _____

2. Eligibility Criteria

The patient must meet the following criteria:

a. The patient:

- is platinum sensitive (Patients are considered platinum sensitive if they have had a response of 6 months or longer from the date of their last platinum containing therapy)
- has had a response of 6 months or longer from the date of the last single agent therapy

b. The patient is not able to receive treatment with a platinum agent (e.g. allergy)

Yes

4. Funded Dose

- Liposomal Doxorubicin 50 mg/m² IV q28 days

5. Notes

1. Platinum sensitive patients are eligible to receive single agent paclitaxel.
2. Liposomal doxorubicin is only funded once (i.e., as one line of therapy, either as a single agent or as part of a combination regimen) for the treatment of recurrent ovarian, fallopian tube, or primary peritoneal cancer.

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