Cancer Care Ontario
Action Cancer Ontario

eClaims

Eligibility Form

Liposomal DOXOrubicin - HIV - positive Kaposi's Sarcoma

(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. Patient has HIV-positive Kaposi's sarcoma ☐ Yes

b. Patient has:
- ○ visceral Kaposi's sarcoma
- ○ progressive disease despite prior therapy with vinblastine or interferon

c. Patient has:
- ○ signs of peripheral neuropathy or is believed to be at high risk of neuropathy
- ○ other medical condition that makes it inappropriate to use standard combination chemotherapy.

Please specify the nature of the condition:

.....

d. ECOG performance status is 0-2: ○ 0 ○ 1 ○ 2

3. Funded Dose

- Liposomal doxorubicin is 20 mg/m^2 every 2 weeks

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): .....

....
Day Month Year