Cancer Care Ontario
Action Cancer Ontario | eClaims

Eligibility Form

Liposomal Doxorubicin - Platinum - Resistant Ovarian, Fallopian Tube, or Primary Peritoneal 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

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:

.....

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. Patient has previously been treated with platinum-containing chemotherapy:
- ○ with Paclitaxel
- ○ without Paclitaxel

Please specify: .....

b. Please select one of the following:
- ○ disease has relapsed less than 6 months following therapy
- ○ tumour has progressed during therapy or not responding to therapy

c. Patient has reasonable performance status with symptoms that are likely to be alleviated if response is achieved ☐ Yes

4. Funded Dose

- Liposomal doxorubicin 50 mg/m^2 every 4 weeks
- Liposomal doxorubicin 40 mg/m^2 every 4 weeks (if used with bevacizumab 10 mg/kg every 2 weeks)

5. Notes

1. Patients with primary platinum refractory disease (i.e., disease that has progressed while on front-line platinum-based chemotherapy) are not eligible for bevacizumab in the platinum-resistant setting.
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.

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): .....

..... Day ..... Month ..... Year