Cancer Care Ontario
Action Cancer Ontario | eClaims

Eligibility Form

Liposomal Doxorubicin with Carboplatin - Platinum-Sensitive Recurrent Ovarian, Fallopian Tube, and 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:

- Pegylated liposomal doxorubicin is used in combination with carboplatin for the treatment of platinum-sensitive recurrent ovarian, fallopian tube, or primary peritoneal cancer. ☐ Yes

3. Baseline Information

a. ECOG performance status at the time of enrolment ○ 0 ○ 1 ○ 2

b. The patient had a ____ response to the last systemic treatment. ○ Complete ○ Partial

c. Number of prior systemic treatments ○ 1 ○ 2 ○ 3 or more

4. Funded Dose

- Pegylated liposomal doxorubicin 30mg/m^2 IV on Day 1 every 4 weeks until disease progression or unacceptable toxicity.
- ST-QBP will fund carboplatin AUC 4-6 IV Day 1 every 4 weeks (regimen CRBPPGLDX).

5. Notes

1. Platinum-sensitive is defined as having a disease which recurs or progresses 6 months or longer from the date of the last dose of platinum-containing therapy.
2. Pegylated 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.
3. Retreatment with this regimen (or a pegylated liposomal doxorubicin-based regimen) is not funded by NDFP.

6. FAQs

i. ***My patient has achieved a complete response after 6 cycles of pegylated liposomal doxorubicin-carboplatin. If my patient's disease recurs 6 months after the last pegylated liposomal doxorubicin dose, will NDFP fund additional doses of pegylated liposomal doxorubicin?***

Retreatment is not funded by NDFP. Should direct evidence become available to support retreatment, this drug funding policy would be reassessed.

ii. ***After treatment with pegylated liposomal doxorubicin-carboplatin for platinum-sensitive recurrent ovarian, fallopian tube, or primary peritoneal cancer, would my patient be eligible for subsequent single agent pegylated liposomal doxorubicin or topotecan?***

The positive recommendation for pegylated liposomal doxorubicin-carboplatin was based on the premise that there will not be further subsequent use of pegylated liposomal doxorubicin downstream. Hence, pegylated 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.

7. Supporting Documents

None required for this policy.

In the event of an audit, the following should be available to document eligibility:

- A clinic note documenting the systemic treatments received, when the patient's disease had progressed.
- Relevant CA-125 levels and imaging (CT scan) may be requested to confirm platinum sensitivity.

Signature of Attending Physician (MRP-Most Responsible Physician): .....

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Day Month Year

Form 872