Cancer Care Ontario
Action Cancer Ontario | eClaims

Eligibility Form

Nab-Paclitaxel - Hypersensitivity Reactions to Taxanes

(This form should 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

Specify trial: .....

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

Nab-paclitaxel will be used for the treatment of patients who meet at least one of the following criteria (please select all that apply):

- ☐ Experienced a grade 2 or 3 moderate to severe hypersensitivity reaction(s) to a taxane that may not be manageable despite the use of pre-medications and infusion prolongation
- ☐ Experienced an anaphylaxis or anaphylactoid reaction to a taxane
- ☐ Have significant contraindications to taxanes and/or their pre-medications

3. Baseline Information

a. Is the patient being treated in the curative or palliative setting?

○ Curative ○ Palliative

b. If “curative” selected under 3a, for which indication is the patient being treated?

○ Breast cancer ○ Non-small cell lung cancer
○ Upper GI (esophageal, esophagogastric, gastric) cancer
○ Cervical Cancer ○ Endometrial cancer
○ Ovarian, fallopian tube, or primary peritoneal cancer
○ Germ cell, testicular or prostate cancer ○ Bladder cancer
○ Other

If "other", please specify .....

c. If “palliative” selected under 3a, for which indication is the patient being treated?

○ Non-small cell lung cancer
○ Upper GI (esophageal, esophagogastric, gastric) cancer [for pancreatic, refer to note 4]
○ Lower GI (small bowel, appendiceal, colorectal, anal) cancer
○ Cervical Cancer ○ Endometrial cancer
○ Ovarian, fallopian tube, or primary peritoneal cancer
○ Germ cell, testicular or prostate cancer ○ Vulvar cancer
○ Bladder cancer ○ Thyroid cancer
○ Head and Neck Cancer
○ Sarcoma - Soft tissue or Kaposi’s ○ Melanoma
○ Other

If "other", please specify .....

4. Funded Dose

Nab-paclitaxel 80 – 260* mg/m^2 given intravenously (IV) once every one to three weeks.
* Dosing and frequency are dependent on the protocol by which the patient is being treated.

Treatment should continue until disease progression or unacceptable toxicity, whichever comes first.

5. Notes

1. Patients with metastatic breast cancer will continue to use the disease-specific policy, “Nab-Paclitaxel - Metastatic Breast Cancer”.

2. Patients with advanced pancreatic cancer will continue to use the disease-specific policy, “Gemcitabine and Nab-Paclitaxel - Advanced Pancreatic Cancer”.

6. FAQs

Supporting Documents

None required at time of enrolment.

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

- Clinic notes outlining patient and treatment history/response.
- Clinic note(s) describing the grade 2 or 3 hypersensitivity reaction(s) to a taxane, anaphylaxis or anaphylactoid reaction(s) to a taxane, or the significant contraindications to a taxane and/or their premedication.
- CT scans demonstrating no disease progression while on treatment.

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

....
Day Month Year