Cancer Care Ontario
Action Cancer Ontario | eClaims

Eligibility Form

Obinutuzumab – Maintenance Treatment for Refractory Follicular Lymphoma

(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
  ○ 1-Unknown primary (submit pathology report and clinic note)

scenario:

- 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:

Obinutuzumab is used as maintenance treatment in patients with disease response to or who have stable disease after induction treatment with obinutuzumab plus chemotherapy (i.e. the initial 6 treatment cycles). ☐ Yes

3. Baseline Information

Complete the following:

Select patient's ECOG performance status at the time of enrolment: ○ 0 ○ 1 ○ 2

4. Funded Dose

Obinutuzumab 1000 mg given intravenously every 2 months until disease progression or for up to 2 years (maximum 12 doses), whichever occurs first.

5. Notes

1. Obinutuzumab maintenance should be initiated within 4 months of the last dose of obinutuzumab induction therapy.

6. FAQs

i. **My patient is currently receiving obinutuzumab through private or compassionate means. Can my patient be transitioned over to receive funding through the New Drug Funding Program (NDFP)?**
Provided the funding criteria were met at the time of treatment initiation and the patient's disease has not progressed, your patient may be eligible for continued coverage of obinutuzumab through NDFP for the remaining cycles of maintenance therapy.

ii. **My patient completed chemotherapy (with or without rituximab) for rituximab-refractory disease prior to obinutuzumab funding. Can I give obinutuzumab maintenance?**
Patients are only eligible for obinutuzumab maintenance if they received obinutuzumab in combination with chemotherapy as induction therapy.

6. Supporting Documents

None required at the point of enrolment.

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

- Pathology report indicating indolent lymphoma histology
- Clinic notes indicating treatment history

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): .....

26	10	2018
Day	Month	Year