

Obinutuzumab - Previously Untreated Chronic Lymphocytic Leukemia

(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 (m²): * 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

a. The patient must meet all of the following criteria:

- Patient has previously untreated chronic lymphocytic leukemia (CLL) ☐ Yes

- Patient has adequate renal function
- Fludarabine-based treatment is considered inappropriate for this patient
- Obinutuzumab will be used in combination with chlorambucil

3. Baseline Information

Complete the following:

a. Select patient's ECOG status at the time of enrolment

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

b. Screening for Hepatitis B virus with HBsAg and HBcAb has been completed or is in progress ☐ Yes ☐ No

4. Funded Dose

Cycle 1: 100 mg intravenously on day 1, 900 mg intravenously on day 2, 1000 mg intravenously on days 8 and 15.

Cycles 2 to 6: 1000 mg intravenously on day 1 only.

Cycles are 28 days.

Obinutuzumab will be used in combination with chlorambucil.

5. Notes

- On a time limited basis (6 months), patients who initiated chlorambucil for previously untreated CLL in the three months prior to July 17, 2015 and whose disease has not progressed will have the option of adding obinutuzumab. **Please note that this time-limited funding has ended as of January 17, 2016.**
- To be eligible for funding, patients must be able to start obinutuzumab in combination with chlorambucil. During the course of treatment, chlorambucil may be temporarily held due to toxicity or intolerance.

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

