Ontario Health | Santé Ontario

eClaims
Demandes de remboursement en ligne

Eligibility Form

Panitumumab - First-Line Treatment for Left-Sided Metastatic Colorectal Cancer

(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

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)

.....

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

Panitumumab is used in combination with chemotherapy for the treatment of adult patients with previously untreated left-sided metastatic colorectal carcinoma (mCRC) (or second-line treatment for patients who received immunotherapy as first-line treatment). ☐ Yes

Patients must have:

- Wild-type (non-mutated) *RAS*; AND,
- Wild-type (non-mutated) *BRAF*; AND,
- A good performance status.

Patients must not have:

- Active brain metastases.

3. Baseline Information

a. ECOG Performance Status at the time of enrolment ○ 0 ○ 1 ○ 2

b. Is the patient transitioning from a private payer? ○ Yes ○ No

c. If yes, how many doses of panitumumab did the patient receive prior to the transition?

d. If yes, please indicate the date of the last administered dose.

Day Month Year

4. Funded Dose

Panitumumab given 6 mg/kg intravenously (IV) every 2 weeks, when used in combination with chemotherapy.

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

[ST-QBP regimen code(s): FOLFIRI+PNTM, MFOLFOX6+PNTM]

5. Notes

1. Left-sided is defined as primary tumours occupying a left-sided site, including the transverse colon, descending colon, sigmoid colon, rectosigmoid, and rectum.

2. Patients are eligible for one line of EGFR inhibitor-based therapy guided by biomarker findings (i.e., panitumumab with multi-agent chemotherapy, single agent panitumumab, or cetuximab in combination with irinotecan).

6. FAQs

1. **My patient is currently receiving panitumumab through non-publicly funded means (e.g., private insurance). Can my patient be transitioned to receive funding through the New Drug Funding Program (NDFP)?**

   Provided the eligibility 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 through the NDFP.

2. **What is the process for transitioning my patient from a non-publicly funded program to NDFP funding?**

   If your patient meets all of the eligibility criteria outlined in this policy, please submit as a regular eClaims enrolment.

   Prior approval requests are reserved for instances where there is clinical uncertainty on eligibility. In these circumstances, please specify your reason(s) for uncertainty and upload the following:
   - A clinic note and imaging (if applicable) from treatment initiation, and
   - The most recent clinic note and imaging (if applicable).

3. **My patient is awaiting their *RAS* and *BRAF* test results. Can we start therapy with panitumumab in the interim?**

   Panitumumab will not be funded under this policy in the absence of final *RAS* and *BRAF* test results.

4. **My patient is currently receiving modified FOLFOX (or FOLFIRI). Can panitumumab be added?**

   Provided the patient has not progressed on treatment, and meets all eligibility criteria, the addition of panitumumab may be funded under this policy. Please submit as a prior approval request in eClaims, including the RAS and BRAF test results and most recent clinic note outlining the treatment history and response to treatment, if able to assess.

5. **My patient is currently receiving an alternate first-line treatment for mCRC. Can my patient be switched to panitumumab with chemotherapy?**

   On a time-limited basis, your patient may be eligible for funding of panitumumab under this policy provided the other eligibility criteria are met. Please submit a prior approval request including the recent clinic note outlining treatment history and imaging (if applicable).

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:

- Pathology report with biomarker testing demonstrating wild-type *RAS* and *BRAF*.
- Clinic notes outlining patient and treatment history/response.
- CT scans demonstrating no disease progression.

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

Day Month Year

Form 1059