Cancer Care Ontario
Action Cancer Ontario | eClaims

Eligibility Form

Panitumumab - In Combination with Chemotherapy for Metastatic Colorectal, Small Bowel, or Appendiceal 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
- ○ 9-Supplemental doses requested
- ○ 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:

- Panitumumab is used in addition to combination chemotherapy for the treatment of patients with wild-type RAS metastatic colorectal, small bowel, or appendiceal cancer in the first line treatment setting (or second line for patients who received pembrolizumab as first line treatment) who have a contraindication or intolerance to bevacizumab and who would otherwise be treated only with combination chemotherapy. ☐ Yes
- Patients should have good performance status.

3. Baseline Information

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

b. The patient has metastatic _____ cancer ○ Colon ○ Rectal ○ Small bowel ○ Appendiceal

4. Funded Dose

6 mg/kg every 2 weeks in combination with FOLFOX or FOLFIRI (ST-QBP regimen codes: MFOLFOX6+PNTM or FOLFIRI+PNTM).

The cost of oxaliplatin as part of FOLFOX or irinotecan as part of FOLFIRI are funded through the Systemic Treatment Quality-Based Procedure (ST-QBP) and are included in the band level pricing.

Treatment is funded until disease progression or unacceptable toxicity.

5. Notes

1. Examples of contraindications or intolerance to bevacizumab include:
    - High risk of bleeding or wound healing issues due to temporal proximity to surgery – recently received or planned for resectable/potentially resectable liver metastases.
    - A history of cardiovascular disease, or established class-specific side effects to bevacizumab such as hypertension, thromboembolic events, atrial fibrillation, as well as, proteinuria, risk of or presence of fistulae, risk of or current GI perforation, primary tumour in place, active bleeding, non-healing wound, ulcer, recent trauma, etc.

2. Treatments administered prior to RAS testing will not be reimbursed.

3. Patients who use panitumumab under this policy will not be eligible for bevacizumab, cetuximab, or panitumumab in later lines of therapy.

4. Switches between bevacizumab and panitumumab will only be considered within the first 3 months of starting therapy with either agent, provided there is no disease progression on treatment. Patients will only be approved for one switch (i.e., from bevacizumab to panitumumab or vice versa). Please upload a clinic note indicating the reason(s) for switching and contraindication(s) to bevacizumab. If chemotherapy with panitumumab is initiated and proximity to planned surgery is noted as the contraindication, subsequent treatment with bevacizumab will not be funded, regardless of the patient's final surgical status. In addition, in this setting, panitumumab as a single agent will not be funded as a subsequent line of therapy.

5. Panitumumab must be used in addition to combination chemotherapy. Single agent treatments will not be funded under this policy.

6. FAQs

i. ***My patient's disease has progressed on bevacizumab prior to the funding date of panitumumab. Can my patient use panitumumab now?***

Patients whose disease has progressed on bevacizumab treatment will not be eligible for panitumumab funding. Funding for panitumumab is limited to patients who are being treated in the first line setting (or second line for patients who received pembrolizumab as first line treatment) and have a contraindication and/or intolerance to bevacizumab whose disease has not progressed.

ii. ***My patient is intolerant or has a contraindication to bevacizumab, and I would like to start treatment with single agent panitumumab. Will this be funded?***

CCO will only fund panitumumab if it is used in addition to combination chemotherapy (FOLFOX or FOLFIRI regimens) in the first line setting.

iii. ***My patient has started on first line chemotherapy regimen and has not used bevacizumab due to contraindications. Can I add panitumumab to the treatment regimen?***

If a patient has started, but not progressed, on a first line combination chemotherapy regimen and has a pre-existing contraindication to bevacizumab, funding may be considered for the addition of panitumumab to the existing chemotherapy. Please upload relevant imaging to show stable disease on treatment along with a clinic note documenting the contraindication(s) to bevacizumab for Reimbursement Analyst review.

7. Supporting Documents

None required at the time of enrolment.

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

- RAS report indicating wild-type status
- Clinic note indicating contraindications to bevacizumab

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

....
Day Month Year

Form 918