

## Raltitrexed - Advanced Malignant Pleural Mesothelioma (MPM)

(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<sup>2</sup>): ..... \* 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

The patient must meet the following criteria:

- a. The patient has advanced, symptomatic MPM  Yes

b. The patient has good performance status (ECOG 0-1)

Yes

c. The patient is not suitable for surgical resection

Yes

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### 3. Funded Dose

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- Raltitrexed 3 mg/m<sup>2</sup> IV combined with cisplatin 80 mg/m<sup>2</sup> IV on day 1 q3 weeks until disease progression

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### 4. Supporting Documents

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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