

# Thiotepa (Inpatient) - As Part of the MATRix Regimen in Newly Diagnosed, Previously Untreated Primary Central Nervous System Lymphoma

(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<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

## Prior Approval Request

\* Select the appropriate prior approval scenario:

<input type="radio"/> 1-Unknown primary (submit pathology report and clinic note)	<input type="radio"/> 2-Clinical document review (identify the patient history that needs to be reviewed against eligibility criteria in Additional Comments below)
<input type="radio"/> 3-Regimen modification - schedule (complete questions a and b)	<input type="radio"/> 4-Regimen modification - drug substitutions (complete questions a and c)
<input type="radio"/> 5-Withholding a drug in combination therapy from start of treatment (complete questions d, e and f)	<input type="radio"/> 6-Maintenance therapy delay (submit clinic note)
<input type="radio"/> 7-Prior systemic therapy clinical trials (complete question g)	<input type="radio"/> 8-Modification due to supply interruption/drug shortage
<input type="radio"/> 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:

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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:

Thiotepa is used in combination with high-dose methotrexate, cytarabine and rituximab (MATRix regimen) as induction therapy in patients with newly diagnosed, previously untreated primary central nervous system (CNS) lymphoma.  Yes

## 3. Baseline Information

- a. ECOG Performance Status at the time of enrolment:  0     1  
 2     3
- b. Is the patient transitioning from a non-publicly funded program or another Ontario Health funding program?  Yes     No
- c. If yes to 3b, how many treatments of thiotepa did the patient have prior to transitioning to public funding through the High-Cost Therapy Funding Program (HCTFP)?  1     2  
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## 4. Funded Dose

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Thiotepa 30 mg/m<sup>2</sup> intravenously on Day 4 of the MATRix regimen.

[1 cycle = 21 days]

Thiotepa is funded when used in combination with high-dose methotrexate, cytarabine and rituximab.

Thiotepa is funded up to a maximum of 4 cycles or until disease progression or occurrence of unacceptable toxicities (whichever occurs first).

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## 5. Notes

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1. Enrolment in this policy is for thiotepa only. Any thiotepa doses given as part of the MATRix regimen will only be funded for inpatient use.
  2. Rituximab doses given as part of the MATRix regimen are only funded in the outpatient setting. Please enroll separately in the New Drug Funding Program (NDFP) policy entitled 'Rituximab (Biosimilar IV) – As Part of the MATRix Regimen in Newly Diagnosed, Previously Untreated Primary Central Nervous System Lymphoma' for reimbursement of outpatient rituximab.
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## 6. FAQs

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- i. **My patient is currently receiving thiotepa for primary CNS lymphoma that is paid for by alternate means (e.g., hospital global budget). Can my patient be transitioned over to receive funding under the High-Cost Therapy Funding Program (HCTFP)?**

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 thiotepa through the HCTFP. Please submit as a prior approval request including the most recent clinic note documenting the response to treatment, if able to assess. Funding is for a total of 4 cycles, regardless of funding source.

- ii. **If my patient has toxicity to one of the chemotherapy agents, can I discontinue that drug while continuing the other drug(s) with thiotepa?**

Thiotepa is not funded if your patient is unable to receive high-dose methotrexate, cytarabine and rituximab at the time of thiotepa initiation. If your patient is initially treated on the full MATRix regimen, they will be eligible for continued HCTFP funding of the thiotepa portion, when used with chemotherapy, in cases of toxicity or intolerance to one or more agents in the MATRix regimen.

- iii. **How will treatment claims be managed in eClaims?**

Only inpatient treatment claims should be submitted under this policy. Sites using DSP or HL7 must submit inpatient claims manually until March 13, 2023 (as per communication on Aug 10, 2022). Please ensure to select "inpatient" as the treatment setting for each claim.

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## Supporting Documents

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None required at the time of enrolment.

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

- Clinic note(s) documenting treatment history and diagnosis of primary CNS lymphoma.

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

.....  
Day      Month      Year