Cancer Care Ontario
Action Cancer Ontario | eClaims

Eligibility Form

Radium-223 Dichloride - Castration-Resistant Prostate 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
- ○ 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:

- Patient has castration-resistant prostate cancer (CRPC) with symptomatic bone metastases and no known visceral metastatic disease. ☐ Yes

3. Funded Dose

Please select if radium is administered pre- or post-docetaxel for metastatic castration resistant prostate cancer:

○ Pre-Docetaxel*
○ Post-Docetaxel

- ***If used in the pre-docetaxel setting, no subsequent funding will be considered in the post-docetaxel setting.**
- **Effective as of April 18, 2016:** The funded dose regimen is 55 kBq (1.49 microcurie) per kg body weight, given at 4-week intervals for a total of 6 injections.

4. Notes

Please check the following to confirm and acknowledge that:

- a consult with a medical or radiation oncologist has been done before starting radium therapy ☐ Yes
- this enrolment will not be combined with cabazitaxel or enzalutamide or abiraterone for mCRPC ☐ Yes
- if radium is funded in the pre-docetaxel setting, no subsequent funding will be considered in the post-docetaxel setting ☐ Yes

5. Supporting Documents

- None required for this policy.

In the absence of collecting supporting documentation:

- CCO reserves the right to perform an audit on the patient's eligibility to receive reimbursement for this policy.
- In the event of an audit, CCO may request the following:
  - Consultation note or letter with medical or radiation oncologist documenting the radium treatment decision

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

Day Month Year

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