Cabazitaxel - Metastatic Castrate-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 (m²): ........ 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:

Cabazitaxel will be used in combination with prednisone for the treatment of metastatic castrate-resistant prostate cancer (mCRPC) who have progressed on or within 12 months of completing
3. Funded Dose

- Cabazitaxel 25mg/m² IV every 3 weeks (with 10mg oral prednisone daily) until disease progression

4. Notes

a. Cabazitaxel is not funded if used:
   - in combination with abiraterone (Zytiga) or enzalutamide (Xtandi) for metastatic castrate-resistant prostate cancer; or
   - in patients who have failed (i.e., disease progression) abiraterone or enzalutamide for metastatic castrate-resistant prostate cancer in the post-docetaxel setting; or
   - as the first line treatment of metastatic castrate-resistant prostate cancer.

b. For patients currently on abiraterone or enzalutamide in the post-docetaxel setting, requests to switch over to cabazitaxel may be considered provided (i) the above criteria are met, (ii) disease progression on abiraterone or enzalutamide has not yet occurred, and (iii) the patient initiated treatment with either abiraterone or enzalutamide within the past 3 months of making the request for cabazitaxel.

5. Supporting Documents

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): ..........................................................

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Day Month Year