Eligibility Form

Docetaxel - FEC-D or AC-DOCE for Adjuvant Treatment for Breast 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

Request prior approval for enrolment

- Justification for Funding

2. Eligibility Criteria

Please choose one of the following criteria:

Patient has:  node positive breast cancer.
- high risk node negative breast cancer.

High risk features include:

Large tumour size
Specify: .................................................................

- Yes
3. Funded Dose

Please select one of the following regimens:

- Docetaxel as part of the FEC-T (FEC-D) regimen (100 mg/m² per cycle x 3 cycles funded)
- Docetaxel as part of AC-Taxotere (AC-DOCE) regimen (100 mg/m² per cycle x 4 cycles funded).

4. Other Information

Patient is:  ○ pre-menopausal  ○ post-menopausal  ○ other

5. Notes

a. As of April 1, 2015, docetaxel as part of the TCH regimen is funded through the Systemic Treatment Quality-Based Program Funding Model (ST-QBP). The regimen is evidence-informed in the adjuvant/curative setting and is known as CRBPDOCETRAS. ST-QBP funds the delivery of the regimen and the drug cost for docetaxel and carboplatin for 6 cycles of treatment. NDFP funds the drug cost of trastuzumab provided patient meets funding criteria.

6. 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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