Docetaxel – Metastatic 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 (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

Please select one of the following criteria:

a. The patient has metastatic breast cancer and will be treated first line with docetaxel Yes
b. The patient has metastatic breast cancer and will be treated first line with docetaxel in combination with doxorubicin   Yes

c. The patient has metastatic breast cancer and will be treated with docetaxel and meets one of the following criteria:   Yes

- cannot tolerate anthracyclines
- has failed anthracycline therapy for metastatic disease
- has received an anthracycline as adjuvant therapy

3. Notes

- The NDFP will fund only one of the 3 drugs (paclitaxel, docetaxel or vinorelbine) for any metastatic breast cancer patient. Nab-Paclitaxel may be used in place of paclitaxel or docetaxel provided that the patient meets nab-paclitaxel eligibility criteria.

4. 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): ________________________________

_________  ___________  __________
Day     Month     Year