Docetaxel - Non-Small Cell Lung Cancer (NSCLC)

(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

Patient must meet criteria a and b

a. The patient has locally advanced or metastatic non-small cell lung cancer. Yes
b. Please select one of the following:

- The drug will be administered as first line (or induction) treatment
- The patient has received either EGFR- or ALK-targeted therapy as their initial treatment and a non-pemetrexed platinum doublet is used as the next line of chemotherapy option (induction)
- The patient has experienced excessive toxicity with another first line agent for NSCLC doses and needs to be switched to a different first line drug

3. Notes

a. The NDFP will fund **up to 6 cycles**, based on evidence that chemotherapy given for longer than 3 to 4 cycles is not associated with improvement in overall survival, but rather may lead to worsened toxicity and a possible worsening of quality of life.

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

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Day  Month  Year