Docetaxel - Non-Small Cell Lung Cancer (Second or Subsequent Line)

(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

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2. Eligibility Criteria

a. The patient must meet the following criteria:
  
  • Docetaxel is used as monotherapy for the second (or subsequent) line of treatment  □ Yes
of locally advanced or metastatic non-small cell lung cancer in patients who have disease progression following any treatment option.

3. Baseline Information

Complete the following:

Select patient’s ECOG status at the time of enrolment

0 1 2 3 4

Patient is receiving docetaxel in the

Second line Third line Fourth or subsequent line

4. Funded Dose

Docetaxel 75 mg/m² every 3 weeks.

5. Notes

a. Patients who have previously used erlotinib are not eligible for docetaxel funding.

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

Day Month Year