Eribulin - Metastatic or Incurable Locally Advanced - Breast Cancer

(This form should 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): ________
- Date of Birth: ________  ________  ________
- Site: ________________________________
- Attending Physician (MRP - Most Responsible Physician): ________________________________

Requested Prior Approval  [ ] Yes  [ ] No

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 meets all of the following criteria:
- Eribulin is used for the treatment of a patient with metastatic or incurable locally advanced breast cancer who has had previous treatment with a taxane and an anthracycline, whose disease has progressed following at least two chemotherapy regimens for metastatic or locally recurrent disease,
and whose disease has progressed after the last therapy; and
• The patient has good performance status (ECOG ≤ 2)

Please answer the following questions:

• Patient has had previous treatments with taxanes and anthracyclines
  □ Yes

• Patient has disease progression on more than two lines of therapy given for metastatic or locally recurrent disease
  □ Yes

• The patient has good performance status (ECOG ≤ 2)
  □ Yes

3. Funded Dose

Eribulin 1.4 mg/m² IV on Days 1 and 8 of a 21 day cycle.

4. Supporting Documents

None required for this policy.

In the absence of collecting supporting documentation:
• CCO reserves the right to perform an audit on the patient's eligibility to receive reimbursement for this policy
• In the event of an audit, CCO may request any of the following supporting documentation demonstrating that:
  • the patient has progressed on at least two previous lines of therapy for metastatic or locally recurrent disease at enrolment (e.g. clinic notes)
  • the patient has previously been treated with taxane and anthracycline (e.g. clinic notes)
• CCO reserves the right to recover the cost of treatment claims if the requested documentations are not provided.

Signature of Attending Physician (MRP- Most Responsible Physician):

Day    Month    Year