Nab-PACLitaxel - 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 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 must meet criteria a, b OR c, and d:

a. The patient has metastatic breast cancer. Yes
b. Has had acute infusion reactions with paclitaxel or docetaxel considered by treating physicians to be due to the vehicle of the taxanes (Cremophor and polysorbate 80)  
   Yes

c. Has experienced severe toxicity from previous administration of other taxanes (Severe toxicity could be due to pre-medications for the administration of the taxane or due to the taxane itself)  
   Yes

d. Please specify previous taxane:  
   Docetaxel  
   Paclitaxel

3. Notes

a. excludes glycemic effects of steroids

- 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): ........................................

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Day   Month   Year