Paclitaxel – Adjuvant Treatment for 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 choose one of the following criteria:

Patient has: ☐ node positive breast cancer
  ☐ high risk node negative breast cancer
High risk features include:

- Large tumour size
- High tumour grade
- Lymphovascular invasion
- Estrogen receptor negative
- Progesterone receptor negative
- HER-2 neu positive
- Age less than 40
- Other

Specify: ________________________________

Yes

3. Funded Dose

Please select one of the following regimens.

- Paclitaxel as part of the AC-Paclitaxel regimen (175 mg/m² q3 weeks x 4 treatments)
- Paclitaxel as part of the AC-Paclitaxel dose dense regimen (175 mg/m² q2 weeks x 4 treatments) with filgrastim or pegfilgrastim
- Paclitaxel as part of the AC-Paclitaxel weekly regimen (80 mg/m² q1 week x 12 treatments). Note: only up to 700 mg/m² will be funded (9 treatments)

Patient is:  ☐ pre-menopausal  ☐ post-menopausal  ☐ other

4. Other Information

- If using EC-Paclitaxel in the adjuvant setting, epirubicin is funded, but paclitaxel is not funded.
- Filgrastim and pegfilgrastim are not funded through NDFP.

5. Notes

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

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Day   Month   Year