Paclitaxel - Neoadjuvant treatment for Non-Metastatic 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): _______  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

The patient must meet criteria a and one of b:

a. The patient has non-metastatic breast cancer and will receive neoadjuvant chemotherapy  ☐ Yes
b. The reason for using neoadjuvant treatment is:
   - the patient has inoperable, locally advanced disease
   - the patient has inflammatory breast cancer
   - to downsize the tumour to allow for breast conserving surgery

3. Funded Dose

Please select one of the following regimens.

Paclitaxel as part of the AC-Paclitaxel regimen (up to 700 mg/m²):

- 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)

4. Notes

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

5. 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