Trastuzumab - Second Line - 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 meets the following criteria:

Trastuzumab will be used for the treatment of second line HER2 positive metastatic breast cancer when given in combination with chemotherapy after previous exposure to trastuzumab ☐ Yes
based treatments in the metastatic setting

3. Funded Dose

Please select one of the following regimens:

- Trastuzumab loading dose of 8 mg/kg IV on Day 1 of the first cycle, followed by 6 mg/kg every 3 weeks until disease progression, unacceptable toxicity or withdrawal of consent
- Trastuzumab loading dose of 4 mg/kg IV on Day 1 of the first cycle, followed by 2 mg/kg every week until disease progression, unacceptable toxicity or withdrawal of consent

4. Notes

a. Trastuzumab will not be funded:
   i. in combination with lapatinib for the second line treatment of HER2 positive metastatic breast cancer, and/or
   ii. if the patient has progressed on lapatinib for the second line treatment of HER2 positive metastatic breast cancer.

b. Funding of second line trastuzumab for HER2-positive metastatic breast cancer will be discontinued upon evidence of further disease progression.

c. Trastuzumab will continue to be funded if a patient had to discontinue their chemo treatment due to toxicity or intolerance. If disease progresses while on single agent trastuzumab, then further funding of trastuzumab will be discontinued.

d. The patient must have normal cardiac ejection fraction. Trastuzumab should not be given concurrently with an anthracycline.

e. For patients who have not received trastuzumab (adjuvant/metastatic) through the New Drug Funding Program, a photocopy of pathology report demonstrating HER2 overexpression must be submitted to Cancer Care Ontario. The report must state clearly the hospital, date of biopsy and the hospital pathology specimen of the original material used for the test.

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