

## Cabazitaxel - Metastatic Castration Resistant Prostate 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 (m<sup>2</sup>): ..... \* 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

### Prior Approval Request

- \* Select the appropriate prior approval scenario:
- 1-Unknown primary (submit pathology report and clinic note)  2-Clinical document review (identify the patient history that needs to be reviewed against eligibility criteria in Additional Comments below)
- 3-Regimen modification - schedule (complete questions a and b)  4-Regimen modification - drug substitutions (complete questions a and c)
- 5-Withholding a drug in combination therapy from start of treatment (complete questions d, e and f)  6-Maintenance therapy delay (submit clinic note)
- 7-Prior systemic therapy clinical trials (complete question g)  8-Modification due to supply interruption/drug shortage
- 9-COVID-19 pandemic: use of chemotherapy after sequential androgen receptor axis-targeted agents (ARATs)  Other (specify)

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**All relevant supporting documentation must be submitted at the time of prior approval. Documentation may include a pathology report, clinic note, and/or CT scans.**

a. Co-morbidities / toxicity / justification:

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b. Intended regimen  
schedule: .....

c. Intended regimen: .....

d. Drug(s) to be held: .....

e. Rationale for  
holding drug(s): .....

f. Intention to  Yes  
introduce drug at a  
later date?

g. Prior clinical trial  
identifier (e.g.,  
NCT ID, trial  
name) and  
treatment  
description (e.g.,  
arm,  
drug/regimen): .....

h. Anticipated date of  
first treatment: .....  
Day    Month    Year

i. Additional comments:

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## 2. Eligibility Criteria

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The patient must meet the following criteria:

Cabazitaxel will be used in combination with prednisone for the treatment of metastatic castration-resistant  Yes prostate cancer (mCRPC) in patients who have received a prior docetaxel-containing regimen.

### 3. Funded Dose

Cabazitaxel 20 mg/m<sup>2</sup> or 25 mg/m<sup>2</sup> IV every 3 weeks (with 10 mg oral prednisone daily) until disease progression.

### 4. Notes

1. Cabazitaxel is not funded if used in combination with abiraterone, or enzalutamide, or radium-223 for mCRPC.
2. Cabazitaxel is funded in the mCRPC setting in patients who have progressed on/after prior docetaxel-containing chemotherapy and an androgen-receptor-axis-targeted agent (ARAT), regardless of the order of treatment or treatment setting(s).

### 5. Supporting Documents

None required at time of enrolment.

In the event of an audit, the following should be available to document eligibility:

- Clinic note documenting treatment history.

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

.....  
Day      Month      Year