
Eribulin - Metastatic or Incurable Locally Advanced - 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

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2. Eligibility Criteria

The patient meets all of the following criteria:

- Eribulin is used for the treatment of a patient with metastatic or incurable locally advanced breast cancer who has had previous treatment with a taxane and an anthracycline, whose disease has progressed following at least two chemotherapy regimens for metastatic or locally recurrent disease,

- and whose disease has progressed after the last therapy; and
- The patient has good performance status (ECOG ≤ 2)

Please answer the following questions:

- * • Patient has had previous treatments with taxanes and anthracyclines ☐ Yes
- * • Patient has disease progression on more than two lines of therapy given for metastatic or locally recurrent disease ☐ Yes
- * • The patient has good performance status (ECOG ≤ 2) ☐ Yes

3. Funded Dose

Eribulin 1.4 mg/m² IV on Days 1 and 8 of a 21 day cycle.

4. Supporting Documents

None required for this policy.

In the absence of collecting supporting documentation:

- CCO reserves the right to perform an audit on the patient's eligibility to receive reimbursement for this policy
- In the event of an audit, CCO may request any of the following supporting documentation demonstrating that:
 - the patient has progressed on at least two previous lines of therapy for metastatic or locally recurrent disease at enrolment (e.g. clinic notes)
 - the patient has previously been treated with taxane and anthracycline (e.g. clinic notes)
- CCO reserves the right to recover the cost of treatment claims if the requested documentations are not provided.

Signature of Attending Physician

(MRP- Most Responsible Physician):

Day Month Year