Cancer Care Ontario
Action Cancer Ontario | eClaims

Eligibility Form

Nab-PACLitaxel - Metastatic 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 (m^2): ..... * 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
- ○ Other (specify)

.....

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:

.....

b. Intended regimen schedule: .....

c. Intended regimen: .....

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

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

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

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:

.....

2. Eligibility Criteria

The patient must meet criteria a, b OR c, and d:

a. The patient has metastatic breast cancer. ☐ Yes

b. Has had acute infusion reactions with paclitaxel or docetaxel considered by treating physicians to be due to the vehicle of the taxanes (Cremophor and polysorbate 80) ○ Yes

c. Has experienced severe toxicity from previous administration of other taxanes (Severe toxicity could be due to pre-medications for the administration of the taxane or due to the taxane itself) [a] ○ Yes

d. Please specify previous taxane: ○ Docetaxel ○ Paclitaxel

4. Notes

[a.] excludes glycemic effects of steroids

- Nab-paclitaxel may be used in place of paclitaxel or docetaxel provided that the patient meets nab-paclitaxel eligibility criteria. The cost of paclitaxel or docetaxel is funded through the Systemic Treatment Quality-Based Procedure (ST-QBP) and is included in the band level pricing.

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): .....

..... Day ..... Month ..... Year