

DOH-BREAST CANCER MEDICINE ACCESS PROGRAM
Prescription Rx Drug Request Form CMAP F2 – BREAST CANCER
 Filled-up by Physician for each Drug Therapy Cycle

NAME OF PATIENT: _____ **CMAP ID (Year-Pt #):** _____
Date Needed: _____ **Cycle Number:** _____ (Indicate Regimen, Drugs/ No of vials needed)

TREATMENT ARM	DRUG	CYCLE DAYS GIVEN	DRUG PREPARATION	NO OF VIALS/ AMPS	No Released by Navigator
1. AC	Adriamycin	D1	50 mg/vial		
Every 3 weeks	Cyclophosphamide	D1	500 mg/ vial		
cycle x	Ondansetron	D1	8 mg/amp		
4-6 cycles	Filgrastim	As needed	300 mcg/ amp		
2. TC	Docetaxel	D1	80 mg/vial		
Every 3 weeks	Docetaxel	D1	20 mg/ vial		
cycle x	Cyclophosphamide	D1	500 mg/vial		
4 cycles	Ondansetron	D1	8 mg/amp		
	Filgrastim	As needed	300 mcg/ amp		
3. AC-T	Adriamycin	D1	50 mg/vial		
Every 3 weeks	Cyclophosphamide	D1	500 mg/ vial		
Cycle -	Ondansetron	D1	8 mg/amp		
AC x 4 cycles	Filgrastim	As needed	300 mcg/ amp		
T x 4 cycles					
	Docetaxel	D1	80 mg/vial		
	Docetaxel	D1	20 mg/ vial		
	Ondansetron	D1	8 mg/amp		
	Filgrastim	As needed	300 mcg/ amp		
4. AC-TH	Adriamycin	D1	50 mg/vial		
Every 3 weeks	Cyclophosphamide	D1	500 mg/ vial		
Cycle -	Ondansetron	D1	8 mg/amp		
AC x 4 cycles	Filgrastim	As needed	300 mcg/ amp		
T x 4 cycles					
H x 18 cycles	Docetaxel (T)	D1	80 mg/vial		
	Docetaxel	D1	20 mg/ vial		
	Trastuzumab (H)	D1	150 mg/vial (IV)		
	or Trastuzumab (H)	D1	600 mg/vial (SC)		
	Ondansetron	D1	8 mg/amp		
	Filgrastim	As needed	300 mcg/ amp		
5. TC-H	Docetaxel (T)	D1	80 mg/vial		
Every 3 weeks	Docetaxel	D1	20 mg/ vial		

cycle -	Cyclophosphamide	D1	500 mg/vial		
TC x 4 cycles	Trastuzumab (H)	D1	150 mg/vial (IV)		
H x 18 cycles	or Trastuzumab (H)	D1	600 mg/vial (SC)		
	Ondansetron	D1	8 mg/amp		
	Filgrastim	As needed	300 mcg/ amp		
6. CMF	Cyclophosphamide	D1	500 mg/vial		
Every 3 weeks	Methotrexate	D1	50 mg/vial		
cycle-	Fluorouracil	D1	500 mg/vial		
x 6 cycles	Ondansetron	D1	8 mg/amp		
7. Tamoxifen	Tamoxifen	Daily	20mg/ tab		
20 mg daily	Tamoxifen: Year of Intake _____ Month of Intake _____				
X 5 years					
8. Letrozole	Letrozole	Daily	2.5 mg/ tab		
2.5 mg daily	Letrozole: Year of intake _____ Month of Intake _____				
X 5 years					

Note: Tamoxifen started after cytotoxic drug cycles completed; Radiotherapy started 3-4 weeks after end of cytotoxic chemotherapy cycles. Trastuzumab given together with docetaxel, tamoxifen, radiotherapy. Complete number of **neoadjuvant** cytotoxic drug cycles prior surgery. Surgery done prior radiotherapy.

Name of Physician:

Lic No.

PTR No:

Released by : _____ Date: _____