

**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 REGIMEN	DRUG	CYCLE DAYS GIVEN	DRUG PREPARATION	NO OF VIALS/ AMPS	No Released by Navigator
<b>BREAST Tx1 – AC: AC</b> Every 3 weeks cycle x 4-6 cycles					
	Adriamycin (A)	D1	50 mg/vial		
	Cyclophosphamide (C)	D1	500 mg/ vial		
	Ondansetron	D1	8 mg/amp		
	Filgrastim	As needed	300 g/ amp		
<b>BREAST Tx2 – TC: TC</b> Every 3 weeks cycle x 4 cycles					
	Docetaxel (T)	D1	80 mg/vial		
	Docetaxel	D1	20 mg/ vial		
	Cyclophosphamide	D1	500 mg/vial		
	Ondansetron	D1	8 mg/amp		
	Filgrastim	As needed	300 g/ amp		
<b>BREAST Tx3 – AC-T: AC-T</b> Every 3 weeks Cycle - AC x 4 cycles followed by T x 4 cycles					
	Adriamycin	D1	50 mg/vial		
	Cyclophosphamide	D1	500 mg/ vial		
	Ondansetron	D1	8 mg/amp		
	Filgrastim	As needed	300 mcg/ amp		
	Docetaxel	D1	80 mg/vial		
	Docetaxel	D1	20 mg/ vial		
	Ondansetron	D1	8 mg/amp		
	Filgrastim	As needed	300 mcg/ amp		
<b>BREAST Tx4 – TCb: TCb</b> Every 3 weeks cycle x 4-6 cycles					
	Docetaxel	D1	80 mg/vial		
	Docetaxel	D1	20 mg/ vial		
	Carboplatin (Cb)	D1	150 mg/vial		
			Or 450 mg/vial		
	Ondansetron	D1	8 mg/amp		
	Filgrastim	As needed	g/ amp		
<b>BREAST Tx5 – AC-TH: AC-TH</b> Every 3 weeks cycle (AC x 4 cycles followed by TH x 4 cycles followed by H x 14 cycles)					
	Adriamycin	D1	50 mg/vial		
	Cyclophosphamide	D1	500 mg/ vial		
	Ondansetron	D1	8 mg/amp		
	Filgrastim	As needed	300 mcg/ amp		

	Docetaxel	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		
<b>BREAST Tx6 – TC-H: TC Every 3 weeks cycle x 4 cycles followed by H every 3 weeks cycle x 18 cycles</b>					
	Docetaxel (T)	D1	80 mg/vial		
	Docetaxel	D1	20 mg/ vial		
	Cyclophosphamide (C)	D1	500 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		
<b>BREAST Tx7 – CMF: CMF Every 3 weeks cycle x 6 cycles</b>					
	Cyclophosphamide	D1	500 mg/vial		
	Methotrexate	D1	50 mg/vial		
	Fluorouracil	D1	500 mg/vial		
	Ondansetron	D1	8 mg/amp		
<b>BREAST Tx8 – TAM: Tam 20 mg tab po daily x 5 years</b>					
	Tamoxifen	Daily	20mg/ tab		
<b>BREAST Tx9 – LET: Let 2.5 mg tab po daily x 5 years</b>					
	Letrozole	Daily	2.5 mg/ tab		

**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: \_\_\_\_\_