AccessLink Drug Navigation Services – Urology Oncology Patient Enrollment Form

Tel: 1-888-398-0028 | Fax: 1-855-278-5182

Patient Information

First Name: _____ Last Name: _____ Date of Birth (MM/DD/YYYY): _____

Phone Number: _____ Email: _____

Best time for contact: ☐ Morning ☐ Afternoon ☐ Evening Can the AccessLink team leave you a message? ☐ Yes ☐ No

Authorized Representative (if applicable)

First Name: _____

Last Name: _____

Phone: _____

Email: _____

Patient Coverage (optional)

Insurance Company: _____

Plan Member: _____ Relationship: _____

Contract/Group #: _____ Client/Plan #: _____

Coverage: _____

Prescriber Information

First Name: _____ Last Name: _____ License #: _____

Address: _____

Phone: _____ Fax: _____

Indication and Prescription

Androgen Deprivation Therapy

☐ **Eligard**

☐ 7.5mg subcut monthly

☐ 22.5mg subcut q 3 months

☐ 30mg subcut q 4 months

☐ 45mg subcut q 6 months

☐ **Lupron Depot**

☐ 7.5mg IM monthly

☐ 22.5mg IM q 3 months

☐ 30mg IM q 4 months

☐ **Zoladex**

☐ 10.8mg subcut q 3 months

☐ **Trelstar**

☐ 11.25mg IM q 3 months

☐ 22mg IM q 6 months

☐ **Firmagon**

☐ 240mg subcut once (loading dose)

☐ 80mg subcut monthly thereafter

☐ **Zeulide Depot**

☐ 3.75mg IM monthly

☐ 22.5mg IM q 3 months

Urology Indication and Treatment

Non-Metastatic Castration-Sensitive Bone Targeted Therapy

☐ (High fracture risk)

☐ Alendronate 70mg weekly

☐ Prolia 60mg subcut q 6 months

Metastatic Castration-Sensitive

☐ Zytiga 1000mg PO once daily + Prednisone 5mg PO once daily

☐ Erleada 240mg PO once daily

☐ Xtandi 160mg PO once daily

☐ Nubeqa 600mg PO twice daily

☐ Other: _____

Bone Targeted Therapy

☐ (High fracture risk)

☐ Alendronate 70mg weekly

☐ Prolia 60mg subcut q 6 months

Non-Metastatic Castration Resistant PSADT > 10 months

☐ Bicalutamide 150mg PO once daily PSADT < 10 months

☐ Erleada 240mg PO once daily

☐ Xtandi 160mg po once daily

☐ Nubeqa 600mg PO twice daily

☐ Other:_____

Bone Targeted Therapy

☐ (High fracture risk)

☐ Alendronate 70mg weekly

☐ Prolia 60mg subcut q 6 months

Metastatic Castration-Resistant Androgen-Receptor-Axis Targeted Therapy (ARAT)

☐ Zytiga 100mg PO once daily + Prednisone 5mg PO once daily

☐ Xtandi 160mg PO once daily

☐ Other: _____

Bone Targeted Therapy

☐ (Bone metastases present)

☐ Denosumab 120mg subcut monthly

Ad Hoc Options

☐ Casodex 50mg po once daily ☐ Megace 20mg po twice daily

Other: _____

Quantity

☐ Mitte: _____ **Or** ☐ Duration: _____

☐ Refills: _____

Patient Consent and Signature

☐ Patient has consented to being contacted by AccessLink for Drug Navigation Support and the agreements in Section A and B of this Form.

Patient Signature: _____

Verbal Consent Received by: _____ Date (MM/DD/YY): _____

Pharmacy Designation and Prescriber Authorization

By signing this form, I acknowledge and agree that: (i) I am the prescribing physician for this patient; (ii) this constitutes an original prescription, (iii) I authorize AccessLink to send the prescription to the patient's pharmacy of choice on my behalf, (iv) I have discussed the AccessLink Services with the patient and have had the patient sign this form, or I have obtained verbal consent from the patient to be contacted by AccessLink, (v) AccessLink may contact me for the purposes of administering its Services and inquiring about my experience with AccessLink. I consent to the collection, use, and disclosure of my personal and prescription information for the purpose of administering, monitoring, assessing and improving the Services. I understand that I may revoke this consent by contacting AccessLink at the contact information set out in the Patient Consent.

Pharmacy Provider of Choice: _____

Prescriber Signature: _____ Date (MM/DD/YY): _____

A. Overview of AccessLink Service

AccessLink Drug Navigation Services ("**AccessLink**") offered and administered by BioScript is aimed at simplifying access to patient care and medication access through assistance in administrative and drug reimbursement navigation support (the "**Services"**).

As part of my participation in the Services, I understand that I will be offered confidential patient support services, at no cost, including but not limited to administrative, drug navigation and reimbursement support and may be contacted by phone, email or otherwise.

Services offered may include:

- Benefits investigations and reimbursement support, including assistance in identifying potential coverage requirements and eligibility for financial support;
- Coordination of required paperwork and forms submission to facilitate coverage for prescribed medications;
- Coordination and enrolment with available patient support programs; and
- Pharmacy dispensing, clinical education, and support.

The AccessLink Services do not provide medical advice or medical diagnosis. You agree to seek the advice of your treating physician or other qualified healthcare provider(s) if you have a health concern and not to disregard professional medical advice based on the information obtained from AccessLink. AccessLink reserves the right at any time, without notice, to modify, discontinue or terminate the Services.

You acknowledge that you have read the below Consent terms and you consent to the transfer of your personal information, health information, and the prescription (if applicable) to AccessLink.

B. Consent to Collection, Use and Disclosure of Personal Information

What information: You hereby authorize AccessLink to collect, use and disclose your personal information and health information to provide you the Services, including your:

- Health & Drug Insurance Information
- Drug Interactions
- Medical Conditions & Medical History
- Personal Information (Name, Address, Contact Information)
- Prescription Information
- Adverse Event Information
- Medication Shipment & Dose Dates

Who may we interact with: AccessLink may collect, use and disclose your personal information and health information as needed to provide you the Services, including with your health-care providers (physician, nurse practitioner, etc.), pharmacy of choice, public or private insurance or benefits provider and any Patient Support Program ("PSP") that you are or will be enrolled in. You authorize AccessLink to collect and disclose your personal information and health information to and from the above listed individual(s) and organization(s).

For what purpose: The purpose of the collection, use and disclosure of your personal information and health information is to provide you the Services which may include drug reimbursement assistance, adverse drug event reporting, and to assist your PSP, health care providers, and pharmacy of choice to provide their services to you. AccessLink will use your information to provide the Services to you and may also use your information in an aggregate or de-identified form to improve its products and services.

Your personal information and health information collected as part of the Program will be protected by reasonable physical, administrative, and technical safeguards to protect it against loss, theft, and unauthorized access, communication, copying, use or alteration.

How long does this apply? This consent is effective from the day first written above and shall remain effective so long as you receive the Services and for a reasonable period of time thereafter. You may refuse to provide this consent to us or withdraw it at any time. If refuse consent, AccessLink will not be able to provide you with the Services. If you withdraw your consent, AccessLink will no longer be able to provide you with the Services, but such withdrawal will not be retroactive.

Your obligations:

a) You must inform us if you cease to be enrolled in your PSP(s) for any reason.
b) If there are any changes to your treating health care providers or pharmacy of choice.
c)Provide us accurate information and updates so we can provide you the Services.

Acknowledgements:

a) I understand that my personal information and health information may leave my province of residence and may be stored or processed outside of Canada. If this is the case, then my information would be subject to the laws of that country where it is stored and may be disclosed to that government under different circumstances than it would Canada.
b) I understand why I have been asked to provide consent to the disclosure of my personal information and health information and I am aware of the risks and benefits of consenting or refusing to consent.
c) I may ask any questions about privacy and compliance or exercise my privacy rights by contacting the Privacy Officer by email (privacyofficer@bioscript.ca) or telephone (1-888-734-3814)
d) I understand I may withdraw this consent in writing at any time.

AccessLink Drug Navigation Services

To enroll patients: Submit the completed form to AccessLink via fax at 1-855-278-5182
For assistance: email accesslink@bioscript.ca or phone 1-888-398-0028
Please note messages are checked daily and returned within 2 business days