AccessLink
a BioScript Solutions service

Urology
Patient Enrollment Form

Tel: 1-888-398-0028 | Email: accesslink@bioscript.ca

Please fax completed form to: 1-855-278-5182 (Fax)

Patient Information

First Name: _____ Last Name: _____ DOB: (MM/DD/YY): _____

Phone: _____ Email: _____ Health Card #: _____

Best time for contact: □ Morning □ Afternoon □ Evening

Can the AccessLink team leave you a message? □ Yes □ No

Authorized Representative (if applicable)

Name: _____ Address: _____

Phone: _____ City: _____

Email: _____ Prov: _____ Postal Code: _____

Indication and Prescription

Androgen Deprivation Therapy

Eligard
□ 7.5mg SC monthly
□ 22.5mg SC q3 months
□ 30mg SC q4 months
□ 45mg SC q6 months

Firmagon
□ 240mg SC once (loading dose)
□ 80mg SC monthly thereafter

Lupron Depot
□ 7.5mg IM monthly
□ 22.5mg IM q3 months
□ 30mg IM q4 months

Trelstar
□ 11.25mg IM q3 months
□ 22mg IM q6 months

Zeulide Depot
□ 3.75mg IM q1 month
□ 22.5mg IM q3 months

Zoladex
□ 3.6mg SC q1 month
□ 10.8mg SC q3 months

Non-Metastatic Castration-Sensitive
Bone Targeted Therapy (BTT)
□ Calcium carbonate 1000mg PO daily
□ Vitamin D (high fracture risk) 1000IU PO daily
□ Alendronate 70mg PO weekly
□ Denosumab 60mg SC q6 months

Urinary Incontinence
Botox 100 unit/vial
For injection by physician as directed
Mitte: _____
Repeat: _____

Metastatic Castration-Sensitive ARAT
□ Zytiga 1000mg PO daily + Prednisone 5mg PO daily
□ Erleada 240mg PO daily
□ Xtandi 160mg PO daily
□ Nubeqa 600mg PO twice daily + Docetaxel treatment
□ Other: _____

Bone Targeted Therapy
□ Calcium carbonate 1000mg PO daily
□ Vitamin D (high fracture risk) 1000IU PO daily
□ Alendronate 70mg PO weekly
□ Denosumab 60mg SC q6 months

Non-Metastatic Castration Resistant PSADT > 10 months
□ Bicalutamide 150mg PO daily

PSADT < 10 months ARAT
□ Erleada 240mg PO daily
□ Xtandi 160mg PO daily
□ Nubeqa 600mg PO twice daily
□ Other: _____

Bone Targeted Therapy
□ Calcium Carbonate 100mg PO daily
□ Vitamin D (high fracture risk) 1000IU PO daily
□ Alendronate 70mg PO weekly
□ Denosumab 60mg SC q6 months

Metastatic Castration-Resistant ARAT
□ Zytiga 1000mg PO daily + Prednisone 5mg PO BID
□ Xtandi 160mg PO daily
□ Other: _____

Bone Targeted Therapy
□ Calcium carbonate 1000mg PO daily
□ Vitamin D (bone metastases present) 1000IU PO daily)
□ Denosumab 120mg SC monthly

PARP inhibitors
□ Lynparza 300mg BID
□ Akeega 200mg/1000mg + Prednisone 10mg PO daily
□ Akeega 100mg/1000mg + Prednisone 10mg PO daily

Ad Hoc Options
□ Bicalutamide 50mg PO once daily
□ Megestrol 20mg PO twice daily

Dexamethasone
□ 0.5mg PO once daily
□ 1mg PO once daily
□ 2mg PO once daily

□ Other sig/dose: _____

Quantity
□ Mitte: _____ □ Duration: _____
Or
□ Refills: _____

Additional Services
First Injection Date (MM/DD/YY): _____

Delivery to:
□ Urgent □ Patient Home
□ Clinic □ Alternate Address
□ Other _____

Patient Consent and Signature

□ Patient has consented to being contacted by AccessLink for Drug Navigation Support.

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

Verbal Consent Received by: _____

Prescriber Authorization

Prescriber Name (Printed): _____ Phone: _____ Fax: _____

Address: _____

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

Prescriber Certification. This prescription represents the original of the prescription drug order. Prescriber agrees that AccessLink may use and disclose their information for the purposes of administering this program. AccessLink may modify or terminate this program at any time. The original prescription has been invalidated and securely filed, and it will not be transmitted elsewhere at another time.