

Prostate Cancer Prescription Referral Form

Fax: 800.823.4506 Phone: 800.850.4306, option 2

To ensure your patient receives his/her medication as soon as possible, please complete and fax this form, with the patient's relevant treatment history and clinic notes to support the prior authorization process.

Contact Prescriber with results of benefits investigation before initiating dispense or contacting patient.

PATIENT INFORMATION

Full Name _____ Gender M F DOB _____ Social Security # _____
 Shipping Address _____ City _____ State _____ Zip _____
 Home Phone _____ Alternate Phone _____
 Alternate Contact _____ Relationship _____
 Alternate Contact Phone _____ **Oncology Care Model Patient** YES NO

INSURANCE INFORMATION

Please include a copy of the front and back of the patient's medical and prescription insurance cards.

CLINICAL INFORMATION

ICD-10 Code _____ Primary Diagnosis/Stage _____
 Height _____ Weight _____ Allergies _____
 Prior Therapies _____
 Reasons for Discontinuation _____ Year _____
 Is patient receiving oral steroids? YES NO If yes, give dose/duration: Prednisone _____ Dexamethasone _____
 Notes _____
 List other medications that are being administered as part of this chemotherapy regimen including dose and duration. _____

PRESCRIBER INFORMATION

Hospital/Clinic _____ Office Contact _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Tax ID _____

Prescriber Names	DEA #	NPI #
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

PRESCRIPTION INFORMATION

Rx Start Date _____ **Rx Sent Via** fax escribe

- ERLEADA™ (apalutamide)** 60 mg tablets
- ZYTIGA® (abiraterone acetate)** 500 mg film-coated tablets
- ZYTIGA® (abiraterone acetate)** 250 mg film-coated tablets
- ZYTIGA® (abiraterone acetate)** 250 mg uncoated tablets
- Prednisone** 5 mg tablets
- XTANDI® (enzalutamide)** 40 mg capsules
- Other:** _____

Sig: _____

Quantity _____ Refills _____

ERLEADA™ (apalutamide) is an androgen receptor inhibitor indicated for the treatment of patients with non-metastatic CRPC
Dosage: ERLEADA 240 mg administered orally once daily. Swallow tablets whole. ERLEADA can be taken with or without food.
ZYTIGA® (abiraterone acetate) is a CYP17 inhibitor indicated in combination with prednisone for the treatment of patients with:

- metastatic castration-resistant prostate cancer (CRPC)
- metastatic high-risk castration-sensitive prostate cancer (CSPC)

Dosage: Metastatic CRPC: ZYTIGA 1,000 mg orally once daily with prednisone 5 mg orally **twice** daily. Metastatic CSPC: ZYTIGA 1,000 mg orally once daily with prednisone 5 mg orally **once** daily.
 Patients receiving ZYTIGA should also receive a gonadotropin-releasing hormone (GnRH) analog concurrently or should have had bilateral orchiectomy. ZYTIGA must be taken on an empty stomach with water at least 1 hour before or 2 hours after a meal. Do not crush or chew tablets.
XTANDI® (enzalutamide) is an androgen receptor inhibitor indicated for the treatment of patients with metastatic CRPC.
Dosage: XTANDI 160 mg administered orally once daily. Xtandi can be taken with or without food. Swallow capsules whole.

Prescriber Signature (No Stamps) _____

Date _____

Please attach a separate prescription if this form does not comply with your state's prescription law.