



MEN'S HEALTH ONCOLOGY ENROLLMENT FORM

Fax to: 817-332-5363

PHARMACY LOCATION
Phone: 817-335-5712
Fax: 817-332-5363
800 8th Avenue, Suite 130
Fort Worth, TX 76104

DATE: _____ SHIP TO:
DATE NEEDED: _____ PATIENT OFFICE

PATIENT INFO

NAME: _____ E-MAIL: _____ DOB: _____ MALE FEMALE
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOME TELEPHONE: _____ MOBILE PHONE: _____ SS#: _____

CLINICAL INFO

ALLERGIES: _____ COMORBIDITIES: _____
HEIGHT: _____ in/cm WEIGHT: _____ lb/kg BSA: _____ m2
PRIOR FAILED THERAPIES: _____ REASONS FOR DISCONTINUATION: _____
CURRENT CYCLE #: _____ TOTAL # OF CYCLES: _____

Diagnosis Code: C61: Neoplasm of Prostate C68.0: Neoplasm of Prostate Utricle D41.4 Neoplasm of uncertain behavior of bladder
R39.89 Other symptoms & signs involving genitourinary system Code: _____ Description: _____

PRESCRIPTION INFORMATION

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Erleada (apalutamide) 60 mg tablets 240 mg tablets
Zytiga (Abiraterone Acetate) 250 mg tablets 500 mg tablets
Prednisone 5mg tablets 10mg tablets 20 mg tablets
Yonsa (Abiraterone acetate) 125 mg tablets
Nilutamide 150 mg tablets
Casodex (bicalutamide) 50 mg tablets
Docetaxel 20mg/1mL SDV 80mg/8mL MDV 20mg/2mL SDV MDV 160mg/8mL MDV 80mg/4mL SDV MDV 160mg/16mL MDV
Firmagon (degarelix) 240 mg kit 80 mg kit
Jevtana (cabazitaxel) 60 mg/1.5mL single dose vial
Zoladex (Goserelin Acetate SQ Implant) 3.6 mg (1 month PFS) 10.8 mg (3 month PFS)
Other: Drug Name: _____ Strength: _____ Directions: _____ QTY: _____ Refills: _____

DELIVERY INFORMATION

NEEDS BY: _____ DELIVER TO: Patient's Home Provider's Office Other: _____
Prescriber's Name: _____ Contact Person: _____
Telephone: _____ Fax: _____ Email: _____
Office Address: _____ City: _____ State: _____ Zip: _____
NPI #: _____ DEA #: _____ UPIN #: _____ Medicaid Provider #: _____

PREScriBER INFORMATION

PREScriBER'S SIGNATURE _____ (DATE) *IF BRAND DRUGS ARE PREFERRED, HANDWRITE "BRAND MEDICALLY NECESSARY" ABOVE
I authorize the Pharmacy noted above and its representatives to act as an agent to initiate and execute the insurance prior authorization process.



MEN'S HEALTH ONCOLOGY ENROLLMENT FORM

Supportive Medications

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PRESCRIPTION INFORMATION

Methylprednisolone Prednisone Dexamethasone Hydrocortisone
Ondansetron Anzemet Granisetron Sancuso
Akynzeo Emend Fosaprepitant Prolia
Xgeva Zoledronic acid
Mitoxantrone Other

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