

**DOH CANCER MEDICINE ACCESS PROGRAM**  
**Prescription Rx Drug Request Form CMAP F2 - PROSTATE**  
**(Filled-up by Physician for each Chemotherapy Cycle)**

NAME OF PATIENT: \_\_\_\_\_ CMAP ID (Year-Pt #): \_\_\_\_\_

Date Needed : \_\_\_\_\_ Cycle Number: \_\_\_\_\_

(Indicate Regimen, Drugs/ No of vials/amps needed)

TREATMENT ARM	DRUG	CYCLE DAYS GIVEN	DRUG PREPARATION (encircle dose form)	NO OF VIALS/ AMPS	No Released by Navigator
<b>1. Goserelin - Bicalutamide</b>					
<b>Day 1: Goserelin</b> 10.8mg subcutaneous implant. Repeat cycle every 3 months;	Goserelin	D1 every 21 days	10.8 mg depot		
<b>Bicalutamide</b> 50 mg a day for 1 <sup>st</sup> 7 days on Goserelin	Bicalutamide	First D1-7	50 mg tab		
<b>2. Leuprolide-Flutamide</b>					
<b>Day 1: Leuprolide</b> 22.5mg IM or subcutaneous. Repeat cycle every 3 months.	Leuprolide	D1 every 21 days	22.5 mg depot		
<b>Flutamide</b> 250 mg 3 x day 1 <sup>st</sup> 7 days on Leuprolide	Flutamide	First D1-7	250 mg tab		
<b>3. Bicalutamide</b>					
<b>Days 1-28:</b> Bicalutamide 50mg orally once daily.	Bicalutamide	Daily OD every 28 days	50 mg vial		
<b>4. Flutamide</b>					
<b>Days 1-28:</b> Flutamide 250mg orally three times daily.	Flutamide	Daily TID every 28 days	250 mg tab		
<b>5. Docetaxel-Prednisone</b>					
<b>Day 1:</b> Docetaxel 75mg/m <sup>2</sup> IV over 60 minutes	Docetaxel	D1 every 21 days	20 mg & 80 mg vials		
<b>Days 1-21:</b> Prednisone 5mg orally twice daily.	Prednisone	Daily	5 mg tab		
Metoclopramide			10 mg vial		
Ondansetron			8 mg vial		
Diphenhydramine			50 mg vial		
Dexamethasone			8 mg vial		
Ranitidine			50 mg vial		
Zoledronate			4 mg vial		

Physician:

Lic No:

PTR No:

Released by : \_\_\_\_\_ Date: \_\_\_\_\_