UROLOGY

Lake Mary, FL toll free 888.506.2962 toll free fax 888.315.3270
krogerspecialtypharmacy.com

SPECIALTY PHARMACY

DATE: _____ NEEDS BY DATE: _____ SHIP TO: ❑ PATIENT ❑ OFFICE ❑ OTHER _____

PATIENT INFO

Patient Name

Address

City, State, Zip

Main Phone Alternate Phone

Social Security #

Date of Birth ❑ Male ❑ Female

PRESCRIBER INFO

Prescriber Name

DEA # NPI # License #

Address

City, State, Zip

Phone Fax

Contact Person

PLEASE FAX COPY OF: ❑ PRESCRIPTION CARD FRONT & BACK ❑ CLINICAL NOTES ❑ MEDICAL CARD FRONT & BACK

CLINICAL INFORMATION

Diagnosis: _____ (ICD-10): _____

Serum PSA Level: _____ Date Obtained: _____ Height: _____ Weight: _____

Drug Allergies: _____

Prior Failed Meds: _____ Length of Treatment _____ Reason for Discontinuing _____

_____ Length of Treatment _____ Reason for Discontinuing _____

_____ Length of Treatment _____ Reason for Discontinuing _____

Is the prostate cancer metastatic? ❑ Yes ❑ No Is the prostate cancer castration-resistant? ❑ Yes ❑ No

	PRESCRIPTION INFORMATION		QUANTITY	REFILLS
❑ Casodex®	50mg tablets	Take 1 tablet by mouth once daily	30	_____
❑ Eligard®	❑ 7.5mg syringe (1 month supply) ❑ 22.5mg syringe (3 month supply) ❑ 30mg syringe (4 month supply) ❑ 45mg syringe (6 month supply)	Administer subcutaneously once a month Administer subcutaneously every 3 months Administer subcutaneously every 4 months Administer subcutaneously every 6 months	1 1 1 1	_____ _____ _____ _____
❑ Erleada™	60mg tablets	Take 4 (240mg) tablets (swallow whole) by mouth once daily with or without food	120	_____
❑ Firmagon®	❑ 120mg vial ❑ 80mg vial	Loading Dose: Administer subcutaneously two-120 mg (240 mg) doses Maintenance Dose: Administer subcutaneously 80mg every 28 days	2 1	none _____
❑ Lupron Depot®	❑ 7.5mg kit (1 month supply) ❑ 22.5mg kit (3 month supply) ❑ 30mg kit (4 month supply) ❑ 45mg kit (6 month supply)	Administer intramuscularly once a month Administer intramuscularly every 3 months Administer intramuscularly every 4 months Administer intramuscularly every 6 months	1 1 1 1	_____ _____ _____ _____
❑ Nilandron®	150mg tablets		_____	_____
❑ Xgeva®	120mg/1.7mL vial		_____	_____
❑ Xtandi®	40mg capsules	Take 4 capsules (160mg) by mouth once daily	120	_____
❑ Yonsa®	125mg capsules	Take 4 capsules (500mg) by mouth once daily	120	_____
❑ Zoladex®	❑ 3.6mg implant syringe (1 month supply) ❑ 10.8mg implant syringe (3 month supply)		_____ _____	_____ _____
❑ Zytiga®	❑ 250mg tablets ❑ 500mg tablets	Take 4 tablets (1000mg) once daily by mouth on an empty stomach Take 2 tablets (1000mg) once daily by mouth on an empty stomach	120 60	_____ _____
❑ Methylprednisolone	4mg tablets	Take 1 tablet by mouth twice daily with food	_____	_____
❑ Prednisone	5mg tablets	Take 1 tablet by mouth twice daily with food	60	_____
❑ Other			_____	_____

By signing this form and utilizing our services, you are authorizing Kroger Specialty Pharmacy™ and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber's Signature (no stamps) Substitution Permitted Date

Prescriber's Signature (no stamps) Dispense As Written Date