Kroger specialty pharmacy

Urology

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

Date: _____ Need By Date: _____ Ship To: ☐ Patient ☐ Office ☐ Other _____ Fax Copy: ☐ Rx Card Front/Back ☐ Clinical Notes ☐ Medical Card Front/Back

Patient Information

Patient Name	
Address	
City State Zip	
Main Phone	Alternate Phone
Social Security #	
Date of Birth	☐ Male ☐ Female

Prescriber Information

Prescriber Name		
Address		
City State Zip		
Phone	Fax	
Contact Person		
DEA #	NPI #	License #

Clinical Information

Diagnosis			ICD-10
Serum PSA Level	Date Obtained	Weight ☐ kg ☐ lbs	Height ☐ ft ☐ in
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 metastic: ☐ No ☐ Yes

Is the prostate cancer castration-resistant: ☐ No ☐ Yes

Prescription Information

			Qty	Refills
☐ 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 tablets (240mg) by mouth once daily	120	_____
☐ Firmagon®	☐ 120mg Vial ☐ 80mg Vial	Loading Dose: Administer subcutaneously two-120mg (240mg) doses Maintenance Dose: Administer subcutaneously 80mg every 28 days	2 1	None _____
☐ Lupron Depot®	☐ 7.5mg Syringe (1 Month Supply) ☐ 22.5mg Syringe (3 Month Supply) ☐ 30mg Syringe (4 Month Supply) ☐ 45mg Syringe (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		_____	_____
☐ Trelstar®	☐ 3.75mg Mixject ☐ 11.25mg Mixject ☐ 22.5mg Mixject	Administer intramuscularly once every 4 weeks Administer intramuscularly once every 12 weeks Administer intramuscularly once every 24 weeks	1 1 1	_____ _____ _____
☐ Xgeva®	120mg/1.7mL Vial		_____	_____
☐ Xtandi®	☐ 40mg Capsules ☐ 40mg Tablets ☐ 80mg Tablets	Take 4 capsules (160mg) by mouth once daily Take 4 tablets (160mg) by mouth once daily Take 2 tablets (160mg) by mouth once daily	120 120 60	_____ _____ _____
☐ Yonsa®	125mg Tablets	Take 4 tablets (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	_____ _____
Supportive Therapies ☐ Casodex® ☐ Methylprednisolone ☐ Prednisone	 50mg Tablets 4mg Tablets 5mg Tablets	 Take 1 tablet by mouth once daily Take 1 tablet by mouth twice daily with food Take 1 tablet by mouth twice daily with food	 30 60 60	 _____ _____ _____
☐ Other				

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