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: _____

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)	Administer subcutaneously once a month	1	_____
	❑ 22.5mg syringe (3 month supply)	Administer subcutaneously every 3 months	1	_____
	❑ 30mg syringe (4 month supply)	Administer subcutaneously every 4 months	1	_____
	❑ 45mg syringe (6 month supply)	Administer subcutaneously every 6 months	1	_____
❑ Firmagon®	❑ 120mg vial	Loading Dose: Administer subcutaneously two-120 mg (240 mg) doses	2	none
	❑ 80mg vial	Maintenance Dose: Administer subcutaneously 80mg every 28 days	1	_____
❑ Lupron Depot®	❑ 7.5mg kit (1 month supply)	Administer intramuscularly once a month	1	_____
	❑ 22.5mg kit (3 month supply)	Administer intramuscularly every 3 months	1	_____
	❑ 30mg kit (4 month supply)	Administer intramuscularly every 4 months	1	_____
	❑ 45mg kit (6 month supply)	Administer intramuscularly every 6 months	1	_____
❑ Nilandron®	150mg tablets		_____	_____
❑ Xgeva®	120mg/1.7mL vial		_____	_____
❑ Xtandi®	40mg capsules	Take 4 capsules (160mg) by mouth once daily	120	_____
❑ Zoladex®	❑ 3.6mg implant syringe (1 month supply)		_____	_____
	❑ 10.8mg implant syringe (3 month supply)		_____	_____
❑ Zytiga®	❑ 250mg tablets	Take 4 tablets (1000mg) once daily by mouth on an empty stomach	120	_____
	❑ 500mg tablets	Take 2 tablets (1000mg) once daily by mouth on an empty stomach	60	_____
❑ 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 it's 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