meijer specialty pharmacy

P: 1-855-263-4537 • F: 734-391-2365
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◯ **New/Changed Dose**

Cancer – Prostate

Eligard®, Firmagon®, Lupron Depot®, Nilandron®, Yonsa®, Xtandi®, Zytiga®

Prescriber Information

Prescriber Name:	◯ MD ◯ DO ◯ NP ◯ PA	NPI:
Office Contact:	Practice Name / Collaborating MD:	
Address:	City:	State: Zip:
Phone:	Fax:	

Patient Information • PLEASE SEND COPY OF INSURANCE CARD

Patients Name:	Last 4 Digits of SS#:	DOB: / /	Sex: ◯ M ◯ F	Weight:	Height:	Diabetic? ◯ Y ◯ N
Address:	City:	State:	Zip:			
Home Phone:	Work/Cell:	HIPAA Contact:	Emergency #:			
Interpreter Needed? ◯ Y ◯ N	Allergies: ◯ Y ◯ N **If Yes, list allergies:**					

Insurance Information

Primary Insurance:	Policy ID:	Group #:	BIN:	PCN:
Policyholder Name:	Policyholder DOB: / /			

Clinical Information • PLEASE SEND COPY OF MEDICAL AND PRESCRIPTION INSURANCE CARDS, PROGRESS NOTES AND LAB REPORTS, SUPPORTING DIAGNOSIS, CO-MORBIDITIES AND LAB VALUES

ICD-10 Code:	Weight: ◯ lb / ◯ kg	Height: ◯ in / ◯ cm	BSA m2	Diagnosis Date: / /
Current SCr or current GFR ml/min	Confirmed Mutations:			
Prior Therapy:	Reason for Discontinuation of Therapy:	Approximate Start Date	Approximate End Date	

Prescription Information

Medication	Dose/Strength	Sig	Quantity	Refills
◯ **ELIGARD®** (leuprolide acetate)	◯ 7.5mg ◯ 30mg ◯ 22.5mg ◯ 45mg	◯ Inject ___mg SQ every ___ months		
◯ **FIRMAGON®** (degarelix)	◯ 240mg	◯ **Starter Dose:** Inject 240mg (two 120mg injections) SQ		**No Refills**
	◯ 80mg	◯ **Maintenance Dose:** Inject 80mg SQ every 28 days		
◯ **LUPRON DEPOT®** (leuprolide acetate)	◯ 7.5mg ◯ 30mg ◯ 22.5mg ◯ 45mg	◯ Inject ___mg SQ every ___ months		
◯ **NILANDRON®** (nilutamide)	◯ 150mg tablet	◯ **Starter Dose:** Take 300mg (2 tablets) by mouth once daily for 30 days		**No Refills**
		◯ **Maintenance Dose:** Take 150mg (1 tablet) by mouth once daily		
◯ **XTANDI®** (enzalutamide)	◯ 40mg capsule ◯ 40mg tablet ◯ 80mg tablet	◯ Take 160mg by mouth once daily ◯ Other:		
◯ **YONSA®** (abiraterone acetate)	◯ 125mg tablet	◯ Take 500mg (4 tablets) by mouth once daily ◯ Other:		
PLUS ◯ **METHYLPREDNISOLONE**	◯ 4mg tablet	◯ Take 1 tablet by mouth twice daily		
◯ **ZYTIGA®** (abiraterone acetate)	◯ 250mg tablet ◯ 500mg tablet	◯ Take 1,000mg (___ tablets) by mouth once daily ◯ Other:		
PLUS ◯ **PREDNISONE**	◯ 5mg tablet	◯ Take 1 tablet by mouth once daily ◯ Take 1 tablet by mouth twice daily		

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

Prescriber Signature	Date	Prescriber Signature	Date

◯ Substitution Permitted ◯ Dispense as Written

If brand is required, please write "DAW" in the box to the right.