

New/Changed Dose

Cancer – Prostate | Erleada®, Nilandron®, Rubraca®, 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

Patient's 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 _____
Confirmation Mutations _____
Prior Therapy _____
Reason for Discontinuation of Therapy _____
Approximate Start Date _____
Approximate End Date _____

Prescription Information

Medication	Dose/Strength	Sig	Quantity	Refills
ERLEADA®	60 mg tablet 240 mg tablet	Take 240 mg by mouth two times a day with or without food Other: _____		
NILANDRON® (nilutamide)	150 mg tablet	Starter Dose: Take 300 mg (2 tablets) by mouth once daily for 30 days		No Refills
		Maintenance Dose: Take 150 mg (1 tablet) by mouth once daily		
RUBRACA® (rucaparib)	200 mg tablet 250 mg tablet 300 mg tablet	Take 600 mg by mouth two times a day with or without food Other: _____		
XTANDI® (enzalutamide)	40 mg capsule 40 mg tablet 80 mg tablet	Take 160 mg by mouth once daily Other: _____		
YONSA® (abiraterone acetate) PLUS	125 mg tablet	Take 500 mg (4 tablets) by mouth once daily Other: _____		
	METHYLPREDNISOLONE 4 mg tablet	Take 1 tablet by mouth twice daily		
ZYTIGA® (abiraterone acetate) PLUS	250 mg tablet 500 mg tablet	Take 1,000 mg (___ tablets) by mouth once daily Other: _____		
	PREDNISONONE 5 mg 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 Community Memorial Healthcare and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber Signature _____

Prescriber Signature _____

 Date _____ *Substitution Permitted*

 Date _____ *Dispense as Written*

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