Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy. Prescribers are reminded patients may choose any pharmacy of their choice.

Avella Specialty Pharmacy | Urology Prescription Referral Form

Send your Rx to: | Choose Location

avella.com
If you have questions or concerns, please contact us.

Date Medication Needed: ___ ___ _____ **Ship To:** ○ Patient's Home ○ Prescriber's Office ○ Pick-up (store location): _____ Injection training by pharmacy? ☐

1: Patient Information

Patient Name: _____ **Birthdate:** ___ ___ _____ **Sex:** ○ Male ○ Female **Height:** _____ **Weight:** _____ ○ lbs. ○ kg.

Soc. Sec. #: _____ **Preferred Phone:** ( ) _____ - _____ **Known Allergies:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Alternate Caregiver Name: _____ **Preferred Phone:** ( ) _____ - _____

Insurance Information: Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical)

2: Prescriber Information

Provider Name: _____ **DEA#:** _____ **NPI#:** _____ **Tax ID#:** _____

Address: _____ **Phone:** _____ **Fax:** _____

City, State, Zip: _____ **Key Contact:** _____ **Phone:** _____

3: Diagnosis/Clinical Information | *Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization*

Diagnosis: _____ **ICD-10:** _____ **Serum Creatinine:** _____

Renal Dysfunction: ○ Yes ○ No **Liver Dysfunction:** ○ Yes ○ No **H/H (Hemoglobin/Hematocrit):** _____ _____

To expedite prior authorization services, please provide Chemo regimen/schedule, last clinical notes and/or lab values/scans:

Date and value of last HbA1c _____ **Date and value of last Serum PSA** _____

Date and value of last Serum Testosterone _____ **Date of Orchiectomy**_____ / _____ / _____

Current GnRH antagonist therapy: ☐ **Lupron** ☐ **Zoladex** ☐ **Firmagon OR** ☐ **bilateral orchiectomy**

4: Prescription Information

Medication	Dose/Strength	Sig	Qty.	Refills
☐ **Erleada™**	60 mg	Take 4 (60mg) tablets by mouth daily *Give with a gonadotropin-releasing hormone (GnRH) analog if the patient has not had a bilateral orchiectomy*		
☐ **Zytiga®**	250 mg	Take 4 tablets daily without food		
☐ With Prednisone	5mg	☐ 5mg BID with food ☐ Other:		
☐ **Xgeva®**				
☐ **Xtandi®**				
☐ **Casodex®**				
☐ **Eligard®**				
☐ **Lupron®**				
☐ **Nilandron®**				
☐ **Zoladex®**				
☐				
☐				

Call Avella for compounded medications

Patient Support Programs: Please sign and date below to enroll in the pharmaceutical company assisted patient support program

Patient Signature: | Date:

Prescriber Signature: Prescriber, please sign and date below

Dispense as written | Date | Substitution Permissable | Date

Pursuant to VA/OH/MO/VT law, only 1 medication is permitted per order form. Please use a new form for additional items.

# of Prescriptions: _____