℞ meijer specialty pharmacy

P: 800-657-2212 • F: 888-592-7723
www.meijerspecialtypharmacy.com

New/Changed Dose

Infertility

Cetrotide®, Follistim AQ®, Ganirelix, Gonal-F®, HCG, Leuprolide Acetate, Menopur®, Novarel®, Ovidrel®, Pregnyl®

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
Office Contact:	Practice Name / Collaborating MD:					
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/Diagnosis Code:		
Cycle Type: IUI IVF FET Other:	Cycle #:	Approx. Start Date: / /

Prescription Information

Medication	Dose/Strength	Sig	Qty/Days Supply	Refills
CETROTIDE® (cetrotrelix acetate)	0.25mg vial			
FOLLISTIM AQ® (follitropin beta)	300IU cartridge 600IU cartridge 900IU cartridge			
GANIRELIX	250mcg/0.5mL injection			
GONAL-F® RFF (follitropin alfa)	300 IU Redi-ject pen 450 IU Redi-ject pen 900 IU Redi-ject pen 75 IU vial			
GONAL-F® MULTI-DOSE (follitropin alfa)	450 IU vial 1050 IU vial			
HCG	10,000 IU vial			
LEUPROLIDE ACETATE	2 week kit (1mg/0.2mL)			
MENOPUR® (menotropins for injection)	75 IU vial			
NOVAREL® (chorionic gonadotropin)	5,000 IU vial 10,000 IU vial			
OVIDREL® (choriogonadotropin alfa)	250mcg/0.5ml PFS	Inject the contents of 1 syringe SQ when directed by prescriber		
PREGNYL® (chorionic gonadotropin)	10,000 IU vial			
Other:				

Injection Training

Patient received injection training	Prescriber's office to provide injection training	Meijer to coordinate injection training

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.

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