meijer specialty pharmacy

P: 1-855-263-4537 • F: 734-391-2365
www.meijerspecialtypharmacy.com

Infertility

Cetrotide®, Follistim AQ®, Ganirelix, Gonal-F® RFF, Gonal-F® Multi-Dose, 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:	HIPPA 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.