

## Prior Authorization Request Form for Fertility Drugs

Non-Urgent Request  Urgent Circumstances (please include rationale in Section VI)

This form is to be used by prescribers only.

| I. Prescriber Information (please print)   |            |  |                   |          |                        |
|--|------------|--|-------------------|----------|------------------------|
| Prescriber Name:   |            |  | Office Contact:   |          |                        |
| Prescriber NPI:  |            |  | Phone:            |          |                        |
| Specialty:   |            |  | Fax:              |          |                        |
| II. Member Information (please print)  |            |  |                   |          |                        |
| Member name:   |            |  | Phone:            |          |                        |
| Member ID #:   |            | Date of Birth:                           | Height:           |          | Weight:                |
| *Required to confirm address for any correspondence related to prior authorization(s)*   |            |  |                   |          |                        |
| Address:   |            | City:                                    |                   | State:   | Zip:                   |
| Medication allergies:  |            |  |                   |          |                        |
| III. Drug Information (please identify (X) all therapies required for the protocol included in this request and fully complete the blank fields) |            |  |                   |          |                        |
| Drug name & Strength   |            |  | Directions        | Quantity | Days Supply            |
| <b>Ovulation Stimulants-Gonadotropins</b>  |            |  |                   |          |                        |
| Ovidrel  |            | 250 MCG/0.5ML                            |                   |          |                        |
| Gonal-f  |            | 300 UNIT/0.5ML                           | 450 IU MDV        |          |                        |
|  |            | 450 UNIT/0.75ML                          | Other:            |          |                        |
| Follistim AQ   |            | 300 UNT cartridge                        | 900 UNT cartridge |          |                        |
|  |            | 600 UNT cartridge                        | Other:            |          |                        |
| Menopur  |            | 75 UNIT SQ soln, vial                    |                   |          |                        |
| Chorionic Gonadotropin   |            | 10,000 UNIT IM soln, vial                | Other:            |          |                        |
|  |            |  |                   |          |                        |
| Other:   |            |  |                   |          |                        |
| <b>GnRH/LHRH Antagonists</b>   |            |  |                   |          |                        |
| Cetrotide  |            | 0.25 MG SQ kit                           |                   |          |                        |
| Ganirelix Acetate  |            | 250 MCG/0.5ML SQ soln, prefilled syringe |                   |          |                        |
| Other:   |            |  |                   |          |                        |
| <b>LHRH Agonists</b>   |            |  |                   |          |                        |
| Leuprolide Acetate   |            | 1 MG/0.2 ML inj. kit                     | Other:            |          |                        |
| Other:   |            |  |                   |          |                        |
| IV. Diagnosis/Treatment/Protocol   |            |  |                   |          |                        |
| Diagnosis:   | Treatment: |  | Protocol:         |          | Start Date (if known): |
| Prescriber/Agent Signature:  |            |  |                   |          | Date:                  |

Information on this form is Protected Health Information (PHI) and subject to all privacy and security under HIPAA.

Appropriate clinical information (including lab reports, when appropriate) to support the request on the basis of medical necessity must be submitted. LucyRx is unable to evaluate any request without office notes.