meijer specialty pharmacy

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

Growth Disorders

Physician Information

Send updates to: ◯ Fax: _____ ◯ Email: _____

Prescriber Name:		◯MD ◯DO ◯NP ◯PA	NPI:
Office Contact:		Practice Name / Supervising 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:	Allergies:		
Home Phone:	Work Or Cell:	HIPAA Contact:	Emergency #:	Interpreter Needed? ◯Y ◯N		

Insurance Information

Primary Insurance:	Policy ID:	Group #:	
Policyholder Name:	Policyholder DOB:	BIN:	PCN:

Clinical Information | PLEASE FAX ALL PERTINENT CLINICAL AND LAB INFORMATION

Diagnosis Code:
◯ E23.0 (Hypopituitarism) ◯ E23.1 (Drug-Induced Hypopituitarism) ◯ E34.3 (Short Stature due to Endocrine Disorder) ◯ Other:
◯ Q87.1 (Congential Malformation Syndromes predominantly associated with Short Stature) ◯ Q96.9 (Turner's Syndrome) ◯ R62.52 (Pediatric Short Stature)

Height: cm	Weight: kg	Date Measured: / /	Prior Therapy? ◯ Yes ◯ No (provide information below)
Prior Therapy			Reason for Discontinuation of Therapy
Comorbidities:	Concomitant Medications:		Allergies: ◯NKDA ◯Other:

Prescription Information

Medication	Dose/Strength	Directions	Qty	Refills
◯ **GENOTROPIN®** (somatropin)	**Cartridge:** ◯5mg ◯12mg **Mini-Quick:** ◯0.2mg ◯0.4mg ◯0.6mg ◯0.8mg ◯1mg ◯1.2mg ◯1.4mg ◯1.6mg ◯1.8mg ◯2mg			
◯ **HUMATROPE®** (somatropin)	**Cartridge:** ◯6mg ◯12mg ◯24mg **Vial:** ◯5mg			
◯ **LUPRON DEPOT-PED®** (leuprolide)	**1-Month Administration:** ◯ 7.5mg ◯ 11.25mg ◯15mg **3-Month Administration:** ◯ 11.25mg ◯ 30mg	◯ Inject into the muscle once a month ◯ Inject into the muscle once every 3 months		
◯ **NORDITROPIN®** (somatropin)	**FlexPro® Pen:** ◯ 5mg/1.5mL ◯ 10mg/1.5mL ◯ 15mg/1.5mL ◯ 30mg/3mL			
◯ **NUTROPIN AQ®** (somatropin)	**NuSpin® Pen:** ◯ 5mg/2mL ◯ 10mg/2mL ◯ 20mg/2mL			
◯ **OMNITROPE®** (somatropin)	**Cartridge:** ◯5mg/1.5mL ◯ 10mg/1.5mL **Vial:** ◯5.8mg/vial			
◯ **SAIZEN®** (somatropin)	**SAIZENPREP® Cartridge:** ◯ 8.8mg **Vial:** ◯5mg ◯ 8.8mg			
◯ **SEROSTIM®** (somatropin)	**Vial:** ◯4mg ◯5mg ◯6mg			
◯ **SUPPRELIN LA ®** (histrelin)	**Implant:** ◯ 50mg	Insert 1 implant into the inner aspect of the upper arm every 12 months.	1	No Refills
◯ **ZOMACTON®** (somatropin)	**Vial:** ◯5mg ◯10mg			
◯ 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.

Physician Signature: Date	Physician Signature: Date

◯ Substitution Permitted ◯ Dispense as Written