MAKENA (HYDROXYPROGESTERONE) REORDER FORM

Please complete for all patient refills and return with any pertinent patient information.

Fax: 866-926-0463 Phone: 877-409-9347

For internal use only.
Image Indexing: Ref Cat = High Risk Pregnancy / Referral Source = Office Based Deliveries / Clinic = Blank or High Touch Medical Billing if WV patient

PATIENT INFORMATION	
Name:	Date of birth (mm/dd/yyyy):

REFILL INFORMATION

Gestational age at time of last injection ______ weeks

Drug name:____

Add Supplies:____

____

Date of next requested delivery (LIMITED to Tuesday–Friday only):________________________________

If urgent turn around is necessary, please call the pharmacy directly.

NOTE: If there has been a change of insurance, please include copies of both sides of cards.

I received an injection of Makena/hydroxyprogesterone on the date shown above. Please ship my next Makena/hydroxyprogesterone shipment to the shipping address indicated below on the date indicated below. I authorize Optum® Specialty Pharmacy to bill my insurance company for the shipment and that I am financially responsible for any copay/coinsurance and amounts not covered by my insurance that is associated with these shipments. I understand that either myself or an authorized representative will need to contact Optum Specialty Pharmacy as circumstances change and I no longer need this next Makena/hydroxyprogesterone shipment or the shipment date changes for any reason.

Patient signature:____

NOTE: If it is determined that this delivery request is not needed, please contact us immediately to avoid an unnecessary cost for the patient.

I administered the last injection Makena/hydroxyprogesterone on the following date:____________________

Physician/Office staff signature/OBHH staff signature:________________ **Title:**_________________

Delivery address:____

____

Office contact:____

Office hours:____

THIS FORM IS NOT A PRESCRIPTION.

This electronic fax transmission, including any attachments, contains information from Optum Specialty Pharmacy that may be confidential and/or privileged. The information contained in this facsimile is intended to be for the sole use of the individual(s) or entity named above. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is strictly prohibited by law and will be vigorously prosecuted. If you have received this electronic fax transmission in error, please notify the sender immediately and destroy all electronic and hard copies of the communication, including attachments.

All Optum trademarks and logos are owned by Optum, Inc. All other trademarks are the property of their respective owners.
© 2020 Optum, Inc. All rights reserved.
OPT1145411_191023_CR