EXPRESS SCRIPTS®

DoD Fertility Assisted Reproductive Technology (ART) Referral Form

□ New Request

□ Update Existing Request

□ Check here if URGENT

Fax completed form to **1-866-684-4477**

MTF providers may submit this form securely via the MTF Provider Portal: esrx.com/mpp

(Instructions available in Document Repository within the MTF Provider Portal)

Beneficiary Information			**Date:**
Beneficiary Name:	Sponsor SSN:		DOB:
Address:	City:	State:	Zip:
Beneficiary Phone:			

Location Information
Is the request from an MCSC, Non-GME MTF, or GME MTF? □ MCSC – please complete **Parts A & C** □ Non-GME MTF – please complete **Parts A & C** □ GME MTF – please complete **Parts B & C**

Part A

Please check: □ Health Net □ Humana □ MTF Requestor Name:	
Requestor Email:	
Requestor Phone:	Requestor Fax:
Requestor acknowledges that the beneficiary is eligible for ART services and is seriously or severely ill (Category II, III) and has or will undergo cancer therapy that may have effected their fertility. Beneficiaries not meeting this requirement should undergo the normal prior authorization process. □ Acknowledged	

Prescribing Physician Information				
Prescribing Physician Name:		Prescriber DEA/NPI (Required):		
Address:	City:		State:	Zip:
Prescribing Physician Phone:				
Is the prescribing physician also the physician deeming the beneficiary is eligible for fertility treatment under TOM T-2017 Chapter 17. Sec 3. 2.4.2.11? □ Yes □ No (if no, please provide that physician's information below)				
Physician Name:		Prescriber DEA/NPI (Required):		
Address:	City:		State:	Zip:
Physician Phone:				

Proceed to Part C: Medication Information

Part B

Part B GME MTF:			
Requestor Name:	Email:		
Requestor Phone:			Requestor Fax:

Please check which GME MTF:

- ☐ Walter Reed National Military Medical Center (WRNMMC)
- ☐ Tripler Army Medical Center (TAMC)
- ☐ Womack Army Medical Center (WAMC)
- ☐ Madigan Army Medical Center (MAMC)
- ☐ Brooke Army Medical Center (BAMC)
- ☐ Naval Medical Center San Diego (NMCSD)
- ☐ Naval Medical Center Portsmouth (NMCP)
- ☐ Wright Patterson Medical Center/88th Medical Group (WPAFB)

Prescribing Physician Information			
Prescribing Physician Name:			Prescriber DEA/NPI (Required):
Address:	City:	State:	Zip:
Prescribing Physician Phone:			

Proceed to Part C: Medication Information

Part C

Part C: Medication Information		
Medication Name(s):	Strength:	NDC:
Effective date:	Expiration Date:	
Directions:		