



**PRIOR AUTHORIZATION REQUEST FORM**

EOC ID:

**Genotropin (somatropin)**

**Phone: 215-991-4300 Fax back to: 866-240-3712**

HEALTH PARTNERS manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please print clearly.**

<b>Patient Name:</b>	<b>Physician Name:</b>
Member Number:	Fax: <span style="float: right;">Phone:</span>
Date of Birth:	Office Contact:
Group Number:	NPI: <span style="float: right;">State Lic. Id:</span>
Address:	Address:
City, State, Zip:	City, State, Zip:

Drug Name: Expedited/Urgent

Directions:

<b>Please answer the following questions and sign below:</b>
Q1. What is the requested duration of therapy? 12 months or less      More than 12 months
Q2. What is the patient's age? Less than 18 years old 18 years or older
Q3. For children: What is the patient's diagnosis? Growth failure due to an inadequate secretion of endogenous growth hormone Growth failure due to Prader-Willi syndrome (PWS) Growth failure in children born small for gestational age (SGA) who fail to manifest catch-up growth by age 2 Short stature associated with Turner syndrome Idiopathic short stature, also called non-growth hormone-deficient short stature Treatment of growth failure associated with chronic renal insufficiency up to the time of renal transplantation Other
Q4. If Other, please specify:
Q5. For children: What is the specialty of both the diagnostician and the requesting physician? Endocrinologist      Other      Internal Medicine
Q6. Has the patient tried and failed a course of therapy using Norditropin? Yes      No
Q7. For adults, what is the etiology of the somatotropin deficiency syndrome? Pituitary Disease      Hypothalamic disease      Surgery      Radiation therapy      Trauma      Other
Q8. Was the patient growth hormone-deficient during childhood and has the hormone deficiency been confirmed as an adult? Yes      No      Not applicable
Q9. Does the patient have a biochemical diagnosis of adult GH deficiency by means of a subnormal response to a



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standard growth hormone stimulation test (peak GH less than or equal to 5 mcg/L)?

Yes      No

Q10. Deliver to:

Physician's Office      Home Delivery

Q11. Delivery date needed:

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**

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