



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Norditropin (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.**

Patient Name:

Member Number:

Date of Birth:

Group Number:

Address:

City, State, Zip:

Physician Name:

Fax:

Phone:

Office Contact:

NPI:

State Lic. Id:

Address:

City, State, Zip:

Drug Name:

Expedited/Urgent

Directions:

Please answer the following questions and sign below:

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 specialty of both the diagnostician and the requesting physician?

Endocrinologist Internal Medicine Other

Q4. If Other, please specify:

Q5. 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

Q6. If Other, please specify:

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



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Patient Name:

Physician Name:

Q9. Does the patient have a biochemical diagnosis of adult GH deficiency by means of a subnormal response to a 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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