



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Nutropin AQ, Nutropin

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:

Physician Name:

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

Yes No

Q10. Has the patient tried and failed therapy using Norditropin?

Yes No

Q11. Deliver to:

Physician's Office Home Delivery

Q12. Delivery date needed:

Physician Signature

Date

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