Prior Authorization Form

GROWTH HORMONE (FA-PA)

This fax machine is located in a secure location as required by HIPAA regulations. Fax complete signed and dated forms to CVS Caremark at **1-888-836-0730**. Please contact CVS Caremark at **1-855-240-0536** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Genotropin (somatropin).

Patient Information

Patient Name:

Patient Phone: ☐☐☐-☐☐☐-☐☐☐☐

Patient ID:

Patient Group No:

Patient DOB: ☐☐/☐☐/☐☐☐☐

Prescribing Physician

Physician Name:

Physician Phone: ☐☐☐-☐☐☐-☐☐☐☐

Physician Fax: ☐☐☐-☐☐☐-☐☐☐☐

Physician Address:

City, State, Zip:

Drug Name (specify drug): Genotropin (somatropin)

Quantity: _____ **Frequency:** _____ **Strength:** _____

Route of Administration: _____ **Expected Length of Therapy:** _____

Diagnosis: _____ **ICD Code:** _____

Comments: _____

_____

_____

Please check the appropriate answer for each applicable question.

1.	Has the patient had an inadequate treatment response to a previous list of Humatrope AND Norditropin?	**Y**	☐	**N**	☐
2.	Does the patient have a documented contraindication to Humatrope OR Norditropin or any of its components?	**Y**	☐	**N**	☐
3.	Is the patient intolerant to or had a confirmed adverse event with Humatrope AND Norditropin?	**Y**	☐	**N**	☐
4.	Is growth hormone being prescribed for a patient with chronic kidney disease?	**Y**	☐	**N**	☐
5.	Is the prescribed growth hormone product Nutropin/ Nutropin AQ?	**Y**	☐	**N**	☐
6.	Is growth hormone being prescribed for a patient with Prader-Willi syndrome?	**Y**	☐	**N**	☐
7.	Is the prescribed growth hormone product Genotropin or Omnitrope?	**Y**	☐	**N**	☐

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable, a state or federal regulatory agency. I understand that any person who knowingly makes or causes to be made a false record or statement that is material to a claim ultimately paid by the United States government or any state government may be subject to civil penalties and treble damages under both the federal and state False Claims Acts. See, e.g., 31 U.S.C. §§ 3729-3733.

Prescriber (Or Authorized) Signature and Date

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