GROWTH HORMONE PREAUTHORIZATION
PHYSICIAN FAX FORM

An Independent Licensee of the Blue Cross and Blue Shield Association.

The following documentation is REQUIRED for preauthorization. Incomplete forms will be returned for additional information. For formulary information, please visit the Blue Cross and Blue Shield of Nebraska website at ***www.bcbsne.com***

Today's Date: ______________________

PATIENT INFORMATION

Patient Name (First):	Last:	M.I.	Date of Birth (mm/dd/yyyy):	Phone Number:

INSURANCE INFORMATION

Subscriber ID Number:	Group Number:

PHYSICIAN/CLINIC INFORMATION

Physician Name:	Clinic Name:		Office Contact:
Address (Street, City, State, Zip):	License:	UPIN:	NPI:
	Phone:	Secure Fax Number:	

PREAUTHORIZATION INFORMATION

This request is for a(n): .... ☐ Child ☐ Adult

Growth hormone requested: ______________________ Daily dose requested: ______________________ Patient weight: ___________

Patient's diagnosis (ICD-9 code plus description): ____

If requested product is not Omnitrope™, has the patient tried and failed Omnitrope™? .... ☐ Yes ☐ No

If no, please list any contraindications, drug allergies, or adverse effects to treatment with Omnitrope ______________________________

____

Is this a preauthorization request for renewal of growth hormone?.. ☐ Yes ☐ No

If yes, when was growth hormone therapy started? ______________________ (Please proceed to renewal section)

Children: INITIAL Request Section

Patient height (cm or inches) ____________ Height SD below the mean ____________ Patient is at the ________ percentile for age

Growth velocity (cm/year) ___________________ Bone age ____________

Results of TWO GH stimulation tests (list test and results) ____

____

1. If diagnosis of chronic renal insufficiency, is the patient post-transplant? .... ☐ Yes ☐ No
   Creatinine clearance (mL/min) ______________
2. Is the deficiency the result of congenital, genetic, or acquired causes?
   (i.e., pituitary disease or tumor, hypothalamic disease, surgical damage, etc.) .... ☐ Yes ☐ No
3. If diagnosis is AIDS/HIV wasting syndrome or cachexia, is the patient receiving treatment with antiretroviral agents?.... ☐ Yes ☐ No
4. If diagnosis is short bowel syndrome, is the patient dependent on specialized nutritional support? .... ☐ Yes ☐ No

Children: RENEWAL Request Section

1. Has the diagnosis of GHD, AIDS/HIV wasting, chronic renal insufficiency, PWS, Turner's syndrome, SHOX, Noonan syndrome, SGA, or idiopathic short-stature been established in the past? .... ☐ Yes ☐ No
2. Growth velocity (cm/year) ____________
3. Epiphyses are open as determined by X-ray? .... ☐ Yes ☐ No
4. If diagnosis is chronic renal insufficiency, is the patient awaiting transplant? .... ☐ Yes ☐ No

Adults: INITIAL Request Section

Results of TWO GH stimulation tests and IGF-I/IGFBP-3 studies (list test and results) ______________________________________

____

1. Is the deficiency the result of congenital, genetic, or acquired causes?
   (i.e., pituitary disease or tumor, hypothalamic disease, surgical damage, etc.) .... ☐ Yes ☐ No
2. If diagnosis is AIDS/HIV wasting syndrome or cachexia, is the patient receiving treatment with antiretroviral agents?.... ☐ Yes ☐ No
3. If diagnosis is short bowel syndrome, is the patient dependent on specialized nutritional support? .... ☐ Yes ☐ No

Adults: RENEWAL Request Section

1. Has the diagnosis of GHD, AIDS/HIV wasting been established in the past?........................ ☐ Yes ☐ No
2. Is the patient's IGF-I concentration in the normal range for age and sex? .... ☐ Yes ☐ No

Please fax or mail this form to:
Blue Cross and Blue Shield of Nebraska
Pharmacy Department - UM
7261 Mercy Road ▪ Omaha, NE 68180-0001

Toll Free Fax: 877-232-6726 **Phone:** 877-999-2374
Local Fax: 402-548-4683 **Phone:** 402-343-3558

CONFIDENTIALITY NOTE: The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by phone, and return the original message to us at the address to the left via the U.S. Postal Service.