PRIOR AUTHORIZATION REQUEST
Somavert

PATIENT: Name_____
Address: _____
City, State, Zip_____
D.O.B. _____
Member ID:_____

Prescriber: Name_____
Address _____
City, State, Zip_____
Phone _____
Fax _____
NPI _____

Medication Requested:_____ Qty Requested: _____

Your patient's prescription benefit requires that we review certain requests for coverage with the prescriber. You have prescribed a medication for your patient that requires Prior Authorization before benefit coverage or coverage of additional quantities can be provided. Please complete the following questions then fax this form to the toll free number listed below. Upon receipt of the completed form, prescription benefit coverage will be determined based on the plan's rules.

SECTION A: Please answer the following questions

1. What is the indication or diagnosis?
   - ☐ Acromegaly
   - ☐ Treatment of excess growth hormone associated with McCune-Albright syndrome (MAS)
   - ☐ All others - Please specify _____
2. ☐ Yes ☐ No Is this medication being prescribed by, or in consultation with, an endocrinologist?
3. ☐ Yes ☐ No Has the patient had an inadequate response to surgery and/or radiotherapy?
4. ☐ Yes ☐ No Is the patient an appropriate candidate for surgery and/or radiotherapy?
5. ☐ Yes ☐ No Is the patient experiencing negative effects due to tumor size (for example, optic nerve compression)?
6. ☐ Yes ☐ No Does the patient have a pre-treatment (baseline) insulin-like growth factor-1 (IGF-1) level above the upper limit of normal (ULN) based on age and gender for the reporting laboratory?

Please document the diagnoses, symptoms, and/or any other information important to this review:

_____

_____

SECTION B Physician Signature

_____
PHYSICIAN SIGNATURE DATE

FAX COMPLETED FORM TO: 877-251-5896

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a

If you have any questions, call: 800-753-2851

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covered Health Plan Benefit and medically necessary with prior

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800-753-2851