**Phone: 1-888-315-3395**
**Fax: 1-800-546-2172**

**Attn: ____________**

Today's Date: ____________
**Date Shipment Needed:** ____________
**Ship To:** ☐ **Patient** ☐ **Physician**
**Nurse Instruction Needed?** ☐ Yes ☐ No
**Agency:** ____________
**Permission to contact pt:** ☐ Yes ☐ No
* All the supplies including syringes and needles will be dispensed if needed.

# Growth Hormone Authorization Form

## General Information

Patient Name: ____________
Address: ____________
City: ____________ State: ____________ Zip: ____________
Home Phone: ____________
Work Phone: ____________
Cell Phone: ____________
Soc. Sec #: _______ - _______ - _______ Date of Birth: ____________
Allergies: ____________ Current Meds: ____________
Weight: ____________ Height: ____________ Sex: ☐ Male ☐ Female

Physician Name: ____________
Practice Name/Hospital: ____________
Address: ____________
City: ____________ State: ____________ Zip: ____________
Phone: ____________
Fax: ____________
State Lic #: ____________ DEA #: ____________
NPI #: ____________
Nurse/Key Office Contact: ____________

## Insurance Information

Primary Insurance: ____________
Employer: ____________
Phone: ____________

Cardholder Name: ____________
ID#: ____________
Group#: ____________

Secondary Insurance: ____________
ID#: ____________ Group#: ____________
Phone: ____________

## Statement of Medical Necessity

Diagnosis w/ICD 9: ____________
Diagnosis: ____________ ICD 9: ____________
Epiphysis open: Y / N Bone Age: ____________

Growth Velocity: ____________
Stim Test #1/date/Pass or Fail: ____________
Stim Test #2/date/Pass or Fail: ____________

## Prescription Information

### Nutropin® (sq inj) 28d

☐ 5mg Vial w/10ml vial of Sterile Water for Inj.
☐ 10mg Vial w/10ml vial of Sterile Water for Inj.
☐ BD Ultra-Fine™ Pen Needles – 29g 12.7mm
☐ Injection syringes ☐ 0.3cc ☐ 0.5cc ☐ 1cc
☐ Reconstitution syringes ☐ 1cc ☐ 3cc
☐ Other: ____________
Sig: ____________ Refills ______

### Humatrope® (sq inj)

☐ 5mg vials (supplies are needed)
☐ 6mg cartridge kit with 3ml diluent (2mg/ml)
☐ 12mg cartridge kit with 3ml diluent (4mg/ml)
☐ 24mg cartridge kit with 3ml diluent (8mg/ml)
☐ HumatroPen®
Sig: ____________ sq QD/ ____________
Refills ____________

### Omnitrope®

☐ 5mg/1.5ml Cartridge
☐ 10mg/1.5ml Cartridge
☐ 5.8mg Vials w/diluent – supplies needed
☐ Needle size ____________
☐ Insulin syringe with needle attached
Sig: ____________ sq QD/____ wk
Refills ______

### Nutropin AQ® (sq inj) 28d

☐ 10mg Vial
☐ 10mg/2ml Nutropin AQ Pen Cartridge
☐ Nutropin AQ Pen
☐ Nutropin AQ Pen Kit
☐ BD Ultra-Fine™ Pen Needles – 29g 12.7mm
☐ Injection syringes ☐ 0.3cc ☐ 0.5cc ☐ 1cc
☐ Other: ____________
Sig: ____________ Refills ____________

### Increlex® (40mg/4ml vials)

☐ Needle size ____________
☐ Insulin syringe with needle attached
Sig: ____________ sq BID/____ wk
Refills ______

### Tev-Tropin® for GHD (sq inj) 14d

☐ 5mg Vials plus 5ml diluent vial
☐ Injection syringes ☐ 0.3cc ☐ 0.5cc ☐ 1cc
☐ Reconstitution syringes ☐ 1cc ☐ 3cc
BD ultra-fine needle ☐ 29g ☐ 30g ☐ 31g ☐ 32g
Sig: ____________ Refills ____________

### Norditropin®

☐ NordiFlex® multidose disp. pen
☐ 5mg ☐ 10mg ☐ 15mg
☐ 5mg/1.5ml cart w/NordiPen® ☐ 31g 6mm needle
☐ 10mg/1.5ml
☐ 15mg/1.5ml cart w/NordiPen® ☐ 30g 8mm needle
☐ NordiPenMate® - to hide the needle
Sig: ____________ sq QD/ _______Refills ________

### Saizen® for GHD (sq or IM inj) 14d

☐ 5mg vial w/10ml vial of sterile water for inj.
☐ 8.8mg vial w/10ml vial of sterile water for inj.
☐ BD ultra-fine 29g ½" pen needles
☐ click.easy recon.device w/ Saizen 8.8mg
☐ Reconstitution diluent vol ____________
Sig____________ # of Refills ____________
Store at room temp before reconstituting

### Genotropin® (sq inj)

☐ 5.8mg pen Pen needles ☐ 29g ☐ 30g ☐ 31g
☐ 13.8mg pen Pen needles ☐ 29g ☐ 30g ☐ 31g
Sig: ____________ sq QD/____
☐ Miniquicks ____________ mg QD
Refills: ____________

### Primary Diagnosis:

☐ 253.2 Panhypopituitarism
☐ 585 Chronic Renal Failure
☐ 758.6 Turner Syndrome
☐ 253.3 Pituitary Dwarfism/Isolated Growth Hormone Deficiency
☐ 253.7 Iatrogenic-induced Hypopituitarism
☐ 783.43 Short Stature
☐ 783.43 + 764.90 IUGR, unspec.
☐ 783.43 + 764.0 Small for Dates
☐ 759.81 Prader-Willi Syndrome
☐ 253.2 Adult GHD
☐ 569.9 Short Bowel Syndrome
* Diagnosis confirmed with appropriate lab testing and available upon request

*If you would like brand name, please write Medically Necessary.
Please note that Axium will dispense our formulary product unless otherwise specified.

**Physician Signature:** ____________ **Date:** ____________

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