

# Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to:  Commercial  Commercial Individual (PPACA)  Medicaid

This request is:  Urgent (life threatening)  Non-Urgent (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

## Zorbtive<sup>®</sup> (somatropin (rDNA origin))

### Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Requesting Provider: \_\_\_\_\_ Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Product Information

Drug product:  Zorbtive 8.8 mg injection

Start date (or date of next dose): \_\_\_\_\_

Date of last dose (if applicable): \_\_\_\_\_

Dosing frequency: \_\_\_\_\_

### Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Must have short bowel syndrome
2. Must be receiving total parenteral nutrition (TPN)
3. Must be participating in a program that manages dietary intake and hydration

**Note:** Authorization for indications not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the drug's use for the identified indication.

### New request

#### Priority Health Precertification Documentation

**A. What condition is this drug being requested for?**

- short bowel syndrome
- Other – the patient's condition is: \_\_\_\_\_
- Rationale for use: \_\_\_\_\_

**B. Is the patient receiving total parenteral nutrition?**

- Yes  No – rationale for use: \_\_\_\_\_

**C. Is the patient involved in a program that manages dietary intake and hydration?**

- Yes  No – rationale for use: \_\_\_\_\_