

Four simple steps to submit your referral.

1 PATIENT INFORMATION

New patient Current

Patient's name _____
 Date of birth _____ Male Female Last 4 digits of SSN _____
 Street address _____ Apt # _____
 City _____ State _____ Zip _____
 Parent/guardian (if applicable) _____
 Home phone _____ Work phone _____ Cell phone _____
 Evening phone _____ E-mail address _____
 Patient's primary language: English Other If other, please specify _____

Please attach front and back of patient's insurance cards or complete information below.

Insurance company _____ Phone _____
 Insured's name _____
 Insured's employer _____ Relationship to patient _____
 Identification # _____ Policy/group # _____
 Prescription card: Yes No If yes, carrier _____
 Policy # _____ Group # _____
 Is patient eligible for Medicare? Yes No Does patient have a secondary insurance? Yes No

2 PRESCRIBER INFORMATION

All fields must be completed to expedite prescription fulfillment.

Date _____ Time _____ Date medication needed _____
 Prescriber's name and title _____
 If NP or PA, under direction of Dr. _____
 Office contact _____
 Clinic/hospital affiliation _____
 Street address _____ Suite # _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 NPI # _____ License # _____
 Deliver product to: Office Patient's home Clinic
 Clinic location _____

3 CLINICAL INFORMATION

Primary ICD-10 code: _____
 Weight (kg) _____ Height (cm) _____ Date measured _____
 Injection training needed: Yes No By: MD office Other _____
If prior HgH use, date started _____
 NKDA Known drug allergies _____
 Concurrent meds _____
Please attach the following information for growth disorder diagnosis:
Drug profile, labs, growth chart where applicable

4 PRESCRIBING INFORMATION

Medication	Directions	Quantity/Refills
<input type="checkbox"/> Genotropin® (somatropin) cartridge <input type="checkbox"/> 5 mg <input type="checkbox"/> 12 mg <input type="checkbox"/> Genotropin (somatropin) Mini Quick® prefilled syringe <input type="checkbox"/> 0.2 mg <input type="checkbox"/> 0.4 mg <input type="checkbox"/> 0.6 mg <input type="checkbox"/> 0.8 mg <input type="checkbox"/> 1 mg <input type="checkbox"/> 1.2 mg <input type="checkbox"/> 1.4 mg <input type="checkbox"/> 1.6 mg <input type="checkbox"/> 1.8 mg <input type="checkbox"/> 2 mg <input type="checkbox"/> Humatrope® (somatropin) 5 mg vial <input type="checkbox"/> Humatrope (somatropin) cartridge <input type="checkbox"/> 6 mg <input type="checkbox"/> 12 mg <input type="checkbox"/> 24 mg <input type="checkbox"/> HumatroPen® (somatropin) injection device for cartridge <input type="checkbox"/> 6 mg <input type="checkbox"/> 12 mg <input type="checkbox"/> 24 mg <input type="checkbox"/> Increlex® (mecasermin) 40 mg/4 mL vial <input type="checkbox"/> Norditropin® (somatropin) FlexPro® prefilled pen <input type="checkbox"/> 5 mg <input type="checkbox"/> 10 mg <input type="checkbox"/> 15 mg <input type="checkbox"/> 30 mg <input type="checkbox"/> Nutropin (somatropin) AQ Pen® cartridge 20 mg/2 mL <input type="checkbox"/> Nutropin (somatropin) AQ NuSpin® prefilled device <input type="checkbox"/> 5 mg <input type="checkbox"/> 10 mg <input type="checkbox"/> 20 mg <input type="checkbox"/> Omnitrope® (somatropin) 5.8 mg vial <input type="checkbox"/> Omnitrope (somatropin) cartridge <input type="checkbox"/> 5 mg/1.5 mL <input type="checkbox"/> 10 mg/1.5 mL <input type="checkbox"/> Saizen® (somatropin) <input type="checkbox"/> 5 mg vial <input type="checkbox"/> 8.8 mg vial <input type="checkbox"/> 8.8 mg cartridge <input type="checkbox"/> Zomacton® (somatropin) <input type="checkbox"/> 5 mg vial <input type="checkbox"/> 10 mg vial <input type="checkbox"/> Other _____		Dispense: <input type="checkbox"/> 1-month supply <input type="checkbox"/> 3-month supply <input type="checkbox"/> Other _____ Refills _____
	Ancillary Supplies	Quantity/Refills
	<input type="checkbox"/> Prescriber please check here to authorize ancillary supplies such as needles, syringes, sterile water, etc. to administer the therapy as needed.	Send quantity sufficient for medication days supply
<input type="checkbox"/> leuprolide 5 mg/mL, 2.8 mL multi-dose vial, 14-day kit <input type="checkbox"/> Lupron Depot Ped® (leuprolide) <input type="checkbox"/> 7.5 mg 28 day <input type="checkbox"/> 11.25 mg 28 day <input type="checkbox"/> 11.25 mg 84 day <input type="checkbox"/> 15 mg 28 day <input type="checkbox"/> 30 mg 84 day		

If shipped to physician's office, physician accepts on behalf of patient for administration in office.

By signing below, I certify that the above therapy is medically necessary.

I authorize HUB to act on my behalf for the limited purposes of transmitting this prescription to the appropriate pharmacy designated by the patient utilizing their benefit plan.

I certify that this medication is not being prescribed for anti-aging, cosmetic or athletic performance. I further certify human growth hormone is being prescribed for the medical condition noted above and is medically necessary.

Prescriber's signature (sign below) (Physician attests this is his/her legal signature. **NO STAMPS**)

PHYSICIAN SIGNATURE REQUIRED

_____ Date _____ Dispense as written _____ Date _____ Substitution allowed _____

The prescriber is to comply with his/her state specific prescription requirements such as e-prescribing, state specific prescription form, fax language, etc. Non-compliance with state specific requirements could result in outreach to the prescriber.

Please fax completed form to the Growth Disorder team 888.355.6682.
 To reach your team, call toll-free 877.218.0410.

FOR REFERENCE ONLY: This page is for reference only and should not be returned. Diagnosis must be indicated in section 3 of the enrollment form.

DIAGNOSIS CODES

B20	Human immunodeficiency virus [HIV] disease	Q87.1	Congenital malformation syndromes predominantly associated with short stature [Noonan Syndrome, Prader-Willi Syndrome]	P05.10	Newborn small for gestational age, unspecified weight
C75.1	Malignant neoplasm of pituitary gland			P05.11	Newborn small for gestational age, less than 500 grams
C75.2	Malignant neoplasm of craniopharyngeal duct	Q87.2-3,5,		P05.12	Newborn small for gestational age, 500–749 grams
D35.2	Benign neoplasm of pituitary gland	Q87.89,		P05.13	Newborn small for gestational age, 750–999 grams
D35.3	Benign neoplasm of craniopharyngeal duct	Q89.8	Other specified congenital malformations	P05.14	Newborn small for gestational age, 1000–1249 grams
E23.0	Hypopituitarism	P05.0*	Newborn light for gestational age	P05.15	Newborn small for gestational age, 1250–1499 grams
E23.6	Other disorders of pituitary gland	P05.00	Newborn light for gestational age, unspecified weight	P05.16	Newborn small for gestational age, 1500–1749 grams
E23.1	Drug-induced hypopituitarism	P05.01	Newborn light for gestational age, less than 500 grams	P05.17	Newborn small for gestational age, 1750–1999 grams
E89.3	Postprocedural hypopituitarism	P05.02	Newborn light for gestational age, 500–749 grams	P05.18	Newborn small for gestational age, 2000–2499 grams
E23.6	Other disorders of pituitary gland	P05.03	Newborn light for gestational age, 750–999 grams	P05.9	Newborn affected by slow intrauterine growth, unspecified
E23.3	Hypothalamic dysfunction, not elsewhere classified	P05.04	Newborn light for gestational age, 1000–1249 grams	R62.50	Unspecified lack of expected normal physiological development in childhood
E23.7	Disorder of pituitary gland, unspecified	P05.05	Newborn light for gestational age, 1250–1499 grams	R62.51	Failure to thrive (child)
E34.3	Short stature due to endocrine disorder	P05.06	Newborn light for gestational age, 1500–1749 grams	R62.52	Short stature (child)
E34.9	Endocrine disorder, unspecified	P05.07	Newborn light for gestational age, 1750–1999 grams	R64	Cachexia
N03.0-9,		P05.08	Newborn light for gestational age, 2000–2499 grams		
N08	Chronic Nephritis and glomerular disorders	P05.1*	Newborn small for gestational age		
N18.0-9	Chronic kidney disease				
N28.9	Disorder of kidney and ureter, unspecified				
N29	Other disorders of kidney and ureter in diseases classified elsewhere				
Q78.8	Other specified osteochondrodysplasias				
Q96,0-9	Turner's syndrome				