



# Nevada Medicaid

Submit fax request to: 855-455-3303

Please note: All information below is required to process this request.

## Somavert® (pegvisomant) Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED.

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:
Medication Information (required)					
Medication Name:			Strength:	Dosage Form:	
<input type="checkbox"/> Check if requesting brand <input type="checkbox"/> Check if request is for initial certification (12 weeks) <input type="checkbox"/> Check if request is for recertification of therapy (12 months)			Directions for Use:		
Clinical Information (required)					
<b>Provide Diagnosis:</b>					
<input type="checkbox"/> Diagnosis of acromegaly.					
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
Drug-Specific Information (required)					
Inadequate response or not a candidate for (mark all that apply):					
<input type="checkbox"/> Surgery					
<input type="checkbox"/> Radiation Therapy					
<input type="checkbox"/> Dopamine agonist therapy					
<input type="checkbox"/> Trial and failure or contraindication or intolerance to generic octreotide.					
<input type="checkbox"/> Prescribed by or in consultation with an endocrinologist.					
<input type="checkbox"/> For recertification, please provide documentation of positive clinical response to Somavert® therapy such as biochemical control; decrease or normalization of IGF-1 levels.					

Attach any additional comments, diagnoses, symptoms, medications tried or failed, or other information the physician feels is important to this review.

Please note: This request may be denied unless all required information is received. For urgent or expedited requests please call 1-800-711-4555. This form may be used for non-urgent requests and faxed to 1-800-527-0531.

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