

Somatuline Depot (lanreotide)
Prior Authorization Form



ROCKY MOUNTAIN
HEALTH PLANS®

We understand Colorado. We understand you.

Complete Patient and Physician information (PLEASE PRINT)

STEP
1

Member Name:	Physician Name:
Address:	Address:
Member ID:	Phone #:
Member DOB:	Fax #:
	Tax ID or NPI #:

If Applicable: Pharmacy Name: _____
Pharmacy Phone: _____

Complete the Clinical Assessment:

Diagnosis:	Confirmed diagnosis of acromegaly <input type="checkbox"/> Yes <input type="checkbox"/> No
	Documented inadequate response to, or intolerance to therapy with, octreotide and Sandostatin LAR Depot (Medical records required) <input type="checkbox"/> Yes <input type="checkbox"/> No
Supporting Documentation	Authorization for Somatuline requires prior treatment with octreotide and/or Sandostatin LAR Depot
	Diagnosis: ICD-9/10 Code #/ Description / J Code (required):
	Please attach a copy of the prescription or provide ALL of the information below: Medical records documenting diagnosis of Acromegaly. Records documenting failure/intolerance to previous therapies.
<p><i>*Please attach all relevant medical records and test results*</i></p> <p>We will not process incomplete forms.</p> <p>If we do not receive the completed form & all relevant medical records & test results within 10 calendar days of this request, it will be denied.</p>	

STEP 3 I certify that the above is correct and accurate to the best of my knowledge and that the form is complete. (please sign and date)

Prescriber Signature

Date

STEP 4 Fax completed form to the Rocky Mountain Health Plans Pharmacy Help Desk:
970-248-5034

Name of Person filling out form: _____

Pharmacy Technician initials _____ Date Initiated _____

Confidentiality Notice:

This facsimile transmission (and/or documents accompanying it) may contain confidential information. This information is intended only for the use of the individual(s) named above. If you have received this transmission in error, or cannot identify the recipient for distribution purposes, please notify us immediately at 970-244-7760. Plans underwritten by Rocky Mountain HMO or Rocky Mountain HealthCare Options.

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