BEAUMONT
SPECIALTY PHARMACY

A service of Beaumont Pharmacy Solutions

We are experts in managing your patient's self-injectable **pediatric endocrinology** therapies, including:

- Genotropin
- Humatrope
- Lupron
- Norditropin
- Nutropin AQ
- Omnitrope
- Saizen
- Trelstar
- Zomacton

REFERRING YOUR PATIENTS IS EASY.

STEP 1

E-prescribe to:
BEAUMONT PHARMACY SOLUTIONS
(Warren, MI)
OR
Fax Rx to: 586-753-4169

STEP 2

Fax the items needed to complete the prior authorization paperwork (see back for checklist) to 586-753-4169.

NOTE

Our pharmacy staff uses Epic. Offices using Beaumont Epic Ambulatory EHR do NOT need to fax lab work, progress notes, or anything else stored within the medical record.

BETTER ADHERENCE. BETTER OUTCOMES.

Our program approach produces patient medication adherence rates that exceed nationally published metrics.*

We deliver results through:

- access to a clinical pharmacist 24/7 for both physicians and patients
- assistance with insurance determination, prior authorizations and appeals
- help with enrollment in financial assistance programs to reduce out of pocket expenses
- coordination of self-injection training, if requested
- monthly follow-up calls and refill reminders to enhance patient adherence
- choice of free medication delivery or convenient pickup at one of 10 Beaumont pharmacies

** 2017 Asembia Specialty Pharmacy Summit*

COMMUNICATION IS KEY.

Our goal is to partner with you, your staff and your patients to ensure the process is as simple as possible. We do this through consistent, clear communication that won't leave you or your patients wondering the status of their treatment.

We provide fax updates to providers:

- upon receipt of referral, PA submission and PA determination
- each time the medication is dispensed
- if the prescription has to be transferred due to insurance requirements

We call patients:

- upon receipt of prescription for registration into the program
- upon insurance authorization determination
- each month to assess therapy progression and schedule refills

CONTACT US Monday-Friday 7 a.m. to 5 p.m. | 844-874-3965

Beaumont

PRIOR AUTHORIZATION **REQUIREMENTS**

Please fax the following information to 586-753-4169.

HUMAN GROWTH HORMONE (GENOTROPIN, NUTROPIN AQ, HUMATROPE, NORDITROPIN, SAIZEN, OMNITROPE, ZOMACTON)

- ☐ documentation of growth hormone stimulation tests and IGF-1 and IGF-BP-3 levels
- ☐ other reasons for short stature have been ruled out (hypothyroidism, chronic illness, skeletal disorders, and other medications)
    - ☐ short stature documentation as defined by a height less than or equal to 2 standard deviations below the mean age and gender or below the 3rd percentile for age and gender
- ☐ documentation of bone age at least 1 standard deviation below normal for the chronological age
- ☐ documentation that epiphyses are not closed
- ☐ any other applicable labs and imaging results

GONADOTROPIN RELEASING HORMONE AGONISTS (LUPRON, TRELSTAR)

- ☐ documentation of appropriate indication
- ☐ baseline LH and FSH measurements
- ☐ documentation of advanced bone age
- ☐ any other clinically relevant tests to rule out other diagnoses
    - ☐ sex steroid levels, adrenal steroid levels
    - ☐ CT or MRI results