HOW IS AUTHORIZATION REQUESTED?

PRESCRIBER ---

By Faxing Completed Form to Nebraska Total Care, Inc.: The prescriber must request authorization by faxing the patient's diagnosis and the other required information on a DHHS Fax Form. This form must be signed by the prescriber.

FAX: 1-866-759-4115

(A fax request form is available at nebraska.fhsc.com.)
OR

By Providing the Pharmacist with the Needed Information: The prescriber may provide the needed information on a DHHS Fax Form to the pharmacist. The pharmacist will fax the information to Nebraska Total Care.

PHARMACIST ---
The dispensing pharmacist may use medical information provided by the prescriber to request authorization directly from the Nebraska Total Care Administration Clinical Call Center by faxing the patient's diagnosis and the other required information on a DHHS Fax Form. The pharmacy must maintain this written information for the same length of time as the prescription record is required to be maintained by statute or regulation. Electronic storage/imaging shall meet this requirement.

FAX: 1-866-759-4115

(A fax request form is available at nebraska.fhsc.com.)

Initial approval will be granted for 6 months. Renewal may be granted for a period of up to 12 months, dependent upon compliance and response. Renewal may be denied for non-compliance or failure to demonstrate growth rate at least 2cm/yr > pre-treatment rate.

WHAT INFORMATION IS NEEDED?

All requests for approval must be submitted in writing and must contain the prescriber's original signature. Requests will only be accepted from the prescriber or dispensing pharmacy. Preprinted forms from manufacturers or patient assistance agencies will not be accepted. If other insurance coverage exists, a copy of the approval/denial from the primary carrier(s) must accompany the request for prior authorization. All new Insulin-like Growth Factor (IGF-1) products approved subsequent to this bulletin shall be subject to these criteria.

IGF will only be approved for patients less than 18 years of age and when dispensed by an in-state provider. Coverage of IGF must be approved prior to dispensing and the department may deny coverage of any product dispensed prior to approval. Requests for renewal must include pharmacy dispensing/shipping records as well as documentation of compliance. All doses will be limited to FDA approved maximum doses. Dispensed quantity may not exceed 31 day supply. Current pharmacy program standards for early refill shall apply.

Human Insulin-like Growth Factor (IGF) therapy for children will be authorized for certain FDA approved, medically necessary indications and will be limited to FDA approved doses. An evaluation by a pediatric Endocrinologist is mandatory for initiation of treatment of IGF.

Requests for prior approval of IGF therapy for children may be considered medically necessary for the following conditions:

- Documented severe IGF deficiency (Primary IGFD)
- Documented growth hormone gene deletion with development of neutralizing antibodies to growth hormone