ZOMACTON®
(somatropin) for Injection
5mg and 10mg

ZoGo Support Program Enrollment Form

Do not complete shaded fields for adult patients

Please fax to 1-844-402-1027 or e-mail to
zomacton_support@occamhealth.com
Phone: 1-844-944-ZOGO (9646)
zomacton.com

Previous Growth Hormone Therapy: ☐ Y ☐ N If yes, start date ____/____/____ and product:

PATIENT

Patient Name:	DOB: / /	Gender: ☐ M ☐ F
Patient Address:	City:	ST: ZIP:
Parent/Guardian Name:	Home Phone #:	Work/Cell Phone #:
E-mail Address:	Primary Language:	
OK to contact parent/guardian by phone ☐ or e-mail ☐	Cash Pay ☐	Please submit to patient's insurance ☐

INSURANCE

Please attach front and back of patient's insurance card, prescription benefits card, and/or Medicaid card. Has prior authorization been obtained for any growth hormone? ☐ Y ☐ N

Primary Insurance:

Subscriber Name:

ID #: Group #:

DIAGNOSIS

☐ Pediatric Isolated Growth Hormone Deficiency (E23.0)
☐ Adult Isolated Growth Hormone Deficiency (E23.0)
☐ Post Procedural Hypopituitarism (E89.3)*
☐ Other:_____

MEDICAL ASSESSMENT

Required: Fax or e-mail all supporting documentation such as bone age reports, stimulation test agents and lab results, growth charts, and progress notes to assist in the prior authorization process.

Current Height _____cm	_____%	Bone Age _____Y _____M	Standard Deviation Weight _____kg
Current Weight _____kg	_____%	Standard Deviation Height _____cm	Growth Velocity _____cm/yr _____%
Allergies ☐ Y_____ ☐ N		Bone X-Ray Date ____/____/____	Predicted Height _____cm

Growth Hormone Stimulation Test Date: / /		Other Lab Tests:	
Agent 1:	Peak: ng/mL	IGF-1:	Result:
Agent 2:	Peak: ng/mL	Test:	Result:

PRESCRIPTION

ZOMACTON® 5 mg with:
☐ Syringe ☐ ZOMA-Jet™ 5
☐ Syringe and Inject-Ease®

ZOMACTON® 10 mg with:
☐ Syringe
☐ Syringe and Inject-Ease®

Preferred injection syringe with ultra fine short needle *(B-D required for Inject-Ease®)*:

☐ B-D **30** unit ☐ B-D **50** unit ☐ B-D **100** unit
☐ Other:

Preferred diluent syringe for reconstitution
☐ 3cc syringe with 23g 5/8" needle
☐ Other:

☐ Sharps container
☐ Alcohol swabs
☐ Interim product for qualified patients

Preferred specialty pharmacy:

DOSAGE

Vial/Syringe and Inject-Ease®

*Diluent dispensed with ZOMACTON® 5 mg has a volume of 5 mL, 10 mg has a volume of 1 mL

Dose: _____ mg/injection _____ days per week

Dilute: vial with _____mL/diluent* ☐ 30-day ☐ 90-day ☐ Refill: X _____

Sig:_____

ZOMA-Jet™ 5 ☐ Vial Adapter 5 mg Needle-Free Head: A ☐ or B ☐

Dose: _____ mg/injection (must be in increments of 0.05 mg) _____ days per week

Dilute: 5-mg vial with **1 mL/diluent** *ZOMACTON® sig when using ZOMA-Jet™ 5 (max dose 2.5 mg)*

☐ 30-day ☐ 90-day ☐ Refill: X _____ ☐ Patient needle phobic (F40.231)

INJECTION TRAINING

☐ In-home injection training by ZoGo Support Nurse.

PHYSICIAN

Name:		Office Contact:	
Address:		City:	ST: ZIP:
NPI #:	DEA #: Tax ID #:	Phone #:	Fax #:

By my signature, I authorize Occam Health Services, which operates the ZoGo Patient Support Program, and its agents (collectively the "Hub") to use the information provided on this form for the purposes of verifying patient insurance coverage and benefits for ZOMACTON®, referring the patient to the ZOMACTON® Patient Assistance Program in the event the patient does not have insurance, arranging home-based training, providing educational materials, and performing business operations activities in support of these functions. I certify that I have patient consent to release this information for these purposes and that I have a signed copy on file of this patient's authorization (in a form that complies with all applicable state and federal laws) that allows me and the patient's health insurers to use and disclose the patient's health information, including his or her medical and insurance coverage information and records, to the Hub, the ZOMACTON® Patient Assistance Program, and their respective agents for the purposes described above. I understand and agree that I remain responsible for complying with all applicable federal and state laws regarding patient privacy. The authorization form signed by the patient that I have on file informs the patient that: (a) the information disclosed may include the patient's health status; (b) the patient's information may be subject to re-disclosure by the recipients and no longer protected by state or federal privacy laws; and (c) I will not condition the patient's treatment, payment, enrollment in a health plan, or eligibility for benefits on the patient providing the requested authorization. I am aware that the patient has the right to revoke the authorization at any time by calling the Hub at 1-844-944-9646 and that such revocation would end the patient's eligibility to participate in the ZoGo Patient Support Program, and that if the patient revokes the authorization, the revocation will prohibit disclosures after the date the written revocation is received, but will not affect previous disclosures made in reliance on the patient's authorization. The patient's signature will be maintained and available for audit purposes as required by all applicable state and federal privacy laws. To the best of my knowledge, all information contained in this form is correct and complete and consistent with applicable privacy laws and regulations, and I understand that the Hub is relying on this representation.

Physician Authorization	X _____ Date / /

*Post Procedural Hypopituitarism is only for GHD.

IF YOU RECEIVED THIS IN ERROR, PLEASE FAX ALL PAGES TO 1-844-402-1027 OR E-MAIL TO ZOMACTON_SUPPORT@OCCAMHEALTH.COM

ZoGo Support Program

Please see Indication for ZOMACTON® and Important Safety Information on the back.

FERRING PHARMACEUTICALS

Indication

ZOMACTON® (somatropin) for Injection is a recombinant human growth hormone (GH) indicated for:

- Treatment of pediatric patients who have growth failure due to an inadequate secretion of endogenous GH.
- Replacement of endogenous GH in adults with GH deficiency.

Important Safety Information

Contraindications

ZOMACTON® is contraindicated in patients with:

- Acute critical illness after open heart surgery, abdominal surgery or multiple accidental trauma, or with acute respiratory failure due to the risk of increased mortality.
- Pediatric patients with Prader-Willi syndrome who are severely obese, have a history of upper airway obstruction or sleep apnea, or have severe respiratory impairment due to the risk of death.
- Active malignancy.
- Hypersensitivity to ZOMACTON®, its excipients, or diluents.
- Active proliferative or severe non-proliferative diabetic retinopathy.
- Pediatric patients with closed epiphyses.

Warnings and Precautions

- **Increased Risk of Neoplasm:** An increased risk of a second neoplasm has been reported in childhood cancer survivors. Monitor patients with preexisting tumors for progression or recurrence or have a history of GH deficiency secondary to an intracranial neoplasm.
- **Glucose Intolerance and Diabetes Mellitus:** ZOMACTON® may decrease insulin sensitivity, particularly at higher doses. New-onset type 2 diabetes mellitus has been reported. Monitor glucose levels periodically in all patients, especially in patients with existing diabetes mellitus or at risk for development. Doses of antidiabetic agents may require adjustment.
- **Intracranial Hypertension:** Intracranial hypertension with papilledema, visual changes, headache, nausea, and/or vomiting have been reported in a small number of patients. Fundoscopic examination should be performed before initiating treatment and periodically. Stop treatment if papilledema occurs.
- **Hypersensitivity:** Serious hypersensitivity reactions including anaphylactic reactions and angioedema may occur when using somatropin products. Seek prompt medical attention if an allergic reaction occurs.
- **Fluid Retention:** Fluid retention may occur and may be dose-dependent.
- **Hypoadrenalism:** Monitor patients for reduced serum cortisol levels and/or need for glucocorticoid dose increases in those with known hypoadrenalism.
- **Hypothyroidism:** Monitor thyroid function periodically as hypothyroidism may occur or worsen.
- **Slipped Capital Femoral Epiphysis in Pediatric Patients:** Slipped capital femoral epiphysis may occur. Evaluate patients with onset of a limp or hip/knee pain.
- **Progression of Preexisting Scoliosis in Pediatric Patients:** Progression of scoliosis can occur. Patients with a history of scoliosis should be monitored.
- **Pancreatitis:** Pancreatitis has been reported and should be considered in patients with abdominal pain, especially pediatric patients.
- **Risk of Serious Adverse Reactions in Infants due to Benzyl Alcohol Preservative:** Serious and fatal reactions can occur in neonates and infants treated with benzyl alcohol-preserved drugs, including the diluent for ZOMACTON® 5 mg vial. Reconstitute with normal saline, if administering ZOMACTON® 5 mg to infants.
- **Lipoatrophy:** Injection sites should be rotated to avoid tissue atrophy.

Adverse Reactions

- Most common adverse reactions (10% or greater incidence) in adult and pediatric patients include: upper respiratory infection, fever, pharyngitis, headache, otitis media, edema, arthralgia, paresthesia, myalgia, pain, rhinitis, peripheral edema, back pain, flu syndrome, and AST increased.

Drug Interactions

- **Glucocorticoids:** Patients treated with glucocorticoids may require an increased dose.
- **Pharmacologic Glucocorticoid Therapy and Supraphysiologic Glucocorticoid Treatment:** Should be carefully adjusted in pediatric patients to avoid hypoadrenalism or an inhibitory effect on growth.
- **Cytochrome P450-Metabolized Drugs:** Monitor carefully if used with ZOMACTON® as clearance may be altered.
- **Oral Estrogen:** Larger doses of ZOMACTON® may be required.
- **Insulin and/or Other Hypoglycemic Agents:** Dose adjustment may be required.

Use in Specific Populations

- **Pregnancy and Lactation:** If ZOMACTON® 5 mg is needed, reconstitute with normal saline, or use the ZOMACTON® 10 mg benzyl alcohol-free formulation.

Please see accompanying Full Prescribing Information for ZOMACTON®.

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(somatropin) for Injection
5mg and 10mg

ZOMA-Jet™ 5
For use with ZOMACTON™ 5 mg only.