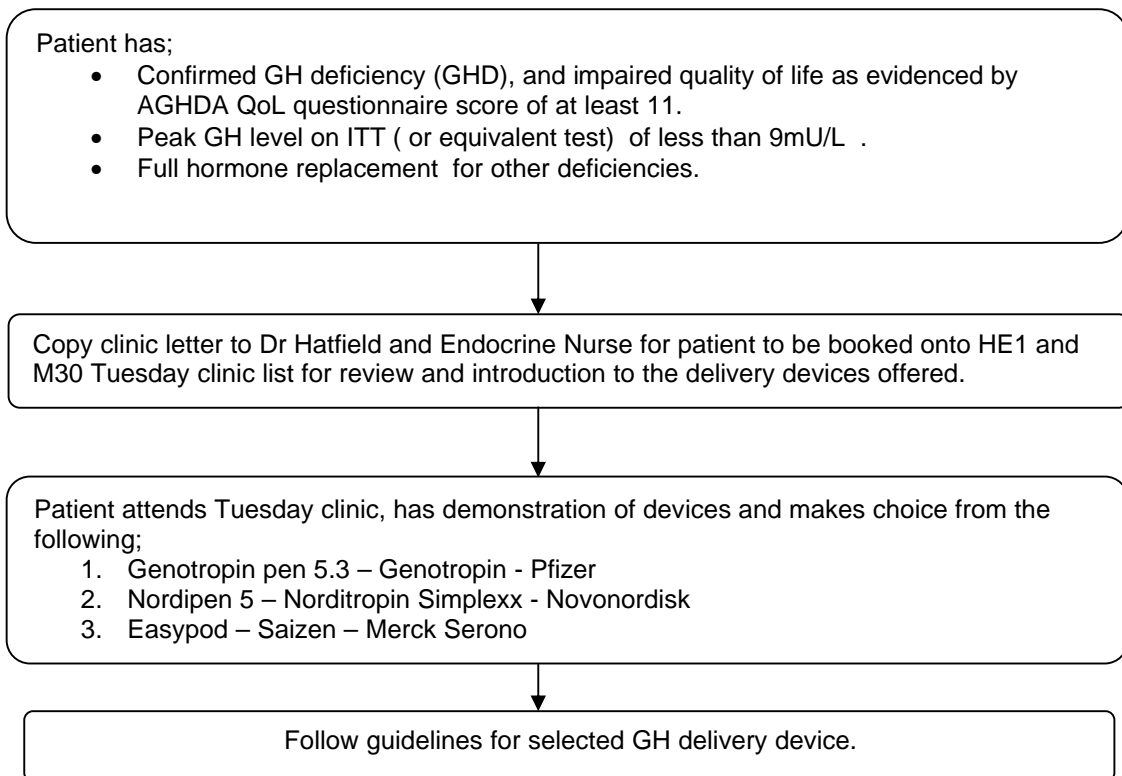


## Referring a patient to start Growth Hormone Treatment



### Genotropin

- Write hospital prescription for *Genotropin 5.3mg cartridge* and hand to patient.

Pharmacy will supply sufficient GH to last until the next outpatient appointment, whether this is one month or twelve months.

- Complete forms in pockets **A**-request for patient training, **B**-clinical evaluation supplies request form (so that the first 3 months supply is free) and **C**-patient home delivery leaflet (for delivery and disposal of sharps and ancillaries) in *Genotropin section 1* of the 'Growth Hormone Registration Folder'.

Fax forms A & B to **01737 332511**

Fax form C to **01420 544588**

- Send copy to Paul Bains in pharmacy so he can follow up free of charge stock
- Retain copies in *Genotropin Section 2* in 'Growth Hormone Registration Folder'.

Pfizer will arrange for a nurse to contact the patient to arrange further training with the delivery device and Ancillary items such as needles, sharps boxes and replacement pens will be provided as a free service.

#### **Rep Contact details**

Andrew Harvey. Tel: 07715 700982 Email: [Andrew.harvey@pfizer.com](mailto:Andrew.harvey@pfizer.com)

## **Saizen – Easypod**

- Write hospital prescription for *Saizen 8mg cartridge* and hand to patient.

Pharmacy will supply sufficient GH to last until the next outpatient appointment, whether this is one month or twelve months.

- Complete Saizen Homecare form found in *Saizen section 1* in 'Growth Hormone Registration Folder' and fax to number below. Fax to number below and retain copy in *Saizen section 2* in 'Growth Hormone Registration Folder'
- Fax to **01279 456794**
- Send copy to Paul Bains in pharmacy so he can follow up free of charge stock
- Complete free of charge request letter found in 'Endocrine' shared folder in folder marked 'Growth Hormone', print and sign.  
Save electronically in folder, please file using format of hospital number. Patient name.
- Contact rep and hand letter to him or post to address on letter proforma.

Support Nurse tel 07966125050 ( Amanda Timiss) arranges nurse visits and alteration of dose (requires a fax of patient details and any dose change required)

### **Rep Contact details**

Enitan Odeyemi. Tel: 07717 480127 Email: [eodeyemi@merckpharma.co.uk](mailto:eodeyemi@merckpharma.co.uk)

## **Norditropin Simplexx**

- Write hospital prescription for *Norditropin Simplexx 5mg cartridge* and hand to patient.

Pharmacy will supply sufficient GH to last until the next outpatient appointment, whether this is one month or twelve months.

- Complete Nordicare registration form EITHER electronically or in paper form.

**Electronic** form in 'Endocrine' shared folder in folder marked 'Growth Hormone' Save forms in the folder on the shared drive, please file using format of hospital number. Patient name. Print and fax form to number below or Email to [Nordicare@clinovia.co.uk](mailto:Nordicare@clinovia.co.uk)

**Paper** form; complete and fax the registration form in *Norditropin section 1* of 'Growth Hormone Registration Folder'. Fax and retain form in *Norditropin section 2* in 'Growth Hormone Registration Folder'

Fax all forms to **01279 439463**

- Send copy to Paul Bains in pharmacy so he can follow up free of charge stock

Novonordisk will arrange for a nurse to contact the patient to arrange further training with the delivery device and Ancillary items such as needles, sharps boxes and replacement pens will be provided as a free service.

### **Rep Contact details**

Derek Knowlden. Tel: 07803 954637 Email: [derk@novonordisk.com](mailto:derk@novonordisk.com)