

Pharmacy Request for Prior Approval – Growth Hormone (Children Less than 21 Years of Age)

Beneficiary Information

1. Beneficiary Last Name: _____	2. First Name: _____
3. Beneficiary ID #: _____	4. Beneficiary Date of Birth: _____
5. Beneficiary Gender: _____	

Prescriber Information

6. Prescriber Name: _____	NPI #: _____	City: _____	State: _____	ZIP: _____
7. Requester Contact Information: _____				
Name: _____		Phone #: _____		Fax #: _____

Drug Information

8. Drug Name: _____	9. Strength: _____	10. Quantity Per 30 Days: _____
11. Length of Therapy: ___ up to 30 days ___ 60 days ___ 90 days ___ 120 days ___ 180 days ___ 365 days ___ Other: _____		

Clinical Information

1. Diagnosis: _____

For NON-PREFERRED DRUGS (complete this section as well as below):

2. ___ Failed two preferred drugs. List preferred drugs failed: _____
 Or list reason why patient cannot try two preferred drugs: _____

3. History of: Turners Syndrome Prader Willi Syndrome Craniopharyngioma in the last 2 years
 Panhypopituitarism in the last 2 years Cranial Irradiation in the last 2 years
 MRI History of Hypopituitarism - List: _____ Hypopituitarism
 Chronic Renal Insufficiency in the last 2 years SGA with IUGR Other: _____

4. Please check all that apply:

Patient has a height velocity <25th percentile for Bone Age **Height Velocity:** _____
 Patient has low serum levels of IGF-1 and IGFBP-3 **IGF-1 Level:** _____ **IGFBP-3 Level:** _____
 Patient has other signs of hypopituitarism List: _____
 Patient is an adequately nourished child with hypoglycemia and a low GH response to hypoglycemia
 Patient's height is < 3rd percentile for chronological age **Height:** _____ **Weight:** _____
 Birth weight and/or length more than 2 standard deviations below mean for gestational age with no catch up by age 2.
 History of GHD in the last 2 years. Is there a genetic cause? _____
 Stim testing? **Agent 1:** _____ **Agent 2:** _____ **Peak:** _____ **Ng/ml:** _____

5. Is the epiphysis open (if patient > 9 years old)? Yes ___ No ___

6. Is the patient diagnosed with unexplained short stature with height > 2.25 standard deviations below mean for age, and bone age > 2 standard deviations below mean, and low serum levels of IGF-1 and IGFBP-3?
 Yes ___ No ___ **IGF-1 Level:** _____ **IFG-BP3 Level:** _____

7. Is the patient currently being treated? Yes ___ No ___

7a. Growth rate over previous year: _____ 7b. Has the patient entered puberty? Yes ___ No ___

8. Are IGF-1 and IGF-BP3 within age appropriate range? Yes ___ No ___ Results: _____

Zorbitive only: 9. Is there a history of short bowel syndrome in the last 2 years? Yes ___ No ___

Increlex only: 10. Check all that apply:

History of GH product in last year GH resistance is caused by mutation in GH receptor of post GH receptor signaling pathway
 Patient has IGF-1 gene defects GH gene deletions and patient has developed neutralizing antibodies to GH
 Patient height < 3 SD < mean and IGF-1 level < 3 SD < mean and normal or elevated GH levels.

Signature of Prescriber: _____ Date: _____

***Prescriber signature mandatory**

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Fax this form to: 1-877-234-4274, or call Pharmacy Prior Authorization: 1-866-885-1406