

GROWTH HORMONE Prior Authorization Form

Humatrope, Norditropin, Genotropin, Nutropin, Omnitrope, Saizen, Tev-Tropin

- Standard Request
 Expedited Request

If you or your prescriber believe that waiting for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision.

For state exchanges only: The above disclaimer applies for exigent circumstances. Expedited review may also be requested when you are undergoing a current course of treatment using a non-formulary drug.

Demographics

Patient Information		Prescriber Information	
Patient Name:		Prescriber Name:	
DOB:	Age:	NPI#:	Specialty:
Health Plan ID#:		Phone:	Fax:
Pharmacy Name:	Pharmacy Phone:	Office Contact:	Direct Phone # or Ext:

Medication Information

Drug Requested:	Strength:	Directions:
Quantity Dispensed:	Day Supply:	<input type="checkbox"/> Generic <input type="checkbox"/> Brand Necessary
<i>Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.</i>		
<input type="checkbox"/> New medication <input type="checkbox"/> Continuation of therapy	Start Date:	If this is continuation of therapy, please provide CHART DOCUMENTATION indicating the member showed improvement while on therapy.

Clinical Information

Present Height (include units):	Percentile:	Standard Deviation Score:
Pretreatment growth velocity: (Initial Requests)	Growth velocity on treatment:	Recent skeletal bone age: (chart documentation)
Has the member had evidence of active malignancy within the past year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the member have active proliferative or severe non-proliferative diabetic retinopathy?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Diagnosis (Please Check One)

To allow for complete review, please provide CHART DOCUMENTATION as described below.

- Child or Adolescent with classic Growth Hormone Deficiency**

Chart documentation should include: diagnosis, growth chart, results of 2 provocative growth hormone stimulation tests, pretreatment growth velocity, comparison of skeletal (bone) age compared to chronological age, treatment plan.

Does the member have a history of irradiation or multiple pituitary hormone deficiency? Yes No

Member Name: _____

DOB: _____

Health Plan ID: _____

Please be sure to complete and include this page with the 1st page of this form.

Please provide names and dates of specific growth hormone stimulation tests: _____

Child with growth retardation due to Chronic Renal Insufficiency and awaiting kidney transplantation

Chart documentation should include: diagnosis, growth chart, pretreatment growth velocity, and treatment plan.

Anticipated date of renal transplant: _____

Female child with Turner's Syndrome/Noonan Syndrome

Chart documentation should include: diagnosis, growth chart, pretreatment growth velocity, and treatment plan.

Child with Short Stature Homeobox-containing Gene (SHOX) deficiency

Chart documentation should include: diagnosis, growth chart, pretreatment growth velocity, comparison of skeletal (bone) age compared to chronological age, and treatment plan.

Child with Prader-Willi Syndrome

Chart documentation should include: diagnosis, growth chart, pretreatment growth velocity, and treatment plan.

Please provide the member's BMI: _____

Does the member have severe respiratory impairment or a history of upper airway obstruction or sleep apnea? Yes No

Child born Small for Gestational Age (SGA)

Chart documentation should include diagnosis, birth weight and length, gestational age, growth chart, pretreatment growth velocity, treatment plan.

Gestational age: _____ Birth Weight: _____ Birth Length: _____

Height or weight percentile or standard deviation at birth: _____

Adult with Growth Hormone Deficiency with childhood onset
OR

Chart documentation should include: diagnosis, diagnosis as a child, results of reassessment of provocative growth hormone stimulation test using the insulin tolerance test unless contraindicated, documentation explaining if patient has reached adult peak bone mass, treatment plan.

Adult with Growth Hormone Deficiency with adult onset

Chart documentation should include: underlying cause of Growth Hormone Deficiency, if underlying cause is unknown - evidence of hypothalamic pituitary disease, documentation of at least one other hormone deficiency (other than GH) such as TSH, ACTH, or gonadotropins (except for prolactin), results of provocative growth hormone stimulation test using the insulin tolerance test, if the member has diabetes – documentation that their diabetes is controlled and that the patient does not have diabetes with unstable proliferative retinopathy, treatment plan.

Please indicate cause of growth hormone deficiency (if applicable): _____

Member Name:

DOB:

Health Plan ID:

Please be sure to complete and include this page with the 1st page of this form.

Serum IGF-I level while NOT on growth hormone (if applicable): _____

Has the member been off growth hormone for at least 1 month (for adult with childhood onset)? Yes No

Please provide names and dates of specific growth hormone stimulation tests (if applicable): _____

Does the member have a pituitary adenoma? Yes No

If yes, has the tumor size remained stable for 1 year? Yes No

Please indicate if the member has any of the following (and submit chart documentation to support):

- Severe growth hormone deficiency in childhood due to genetic cause
- Severe growth hormone deficiency and receipt of high-dose cranial radiation therapy
- Structural hypothalamic-pituitary disease
- Central nervous system tumor(s)
- Deficiencies in the following pituitary hormones:
 - Adrenocorticotropin hormone (ACTH) Arginine vasopression (VAP)
 - Thyroid stimulating hormone (TSH) Gonadotropins [leutinizing hormone (LH) and
follicle stimulating hormone (FSH)]
 - Prolactin

Other _____ *Chart documentation describing underlying condition and rationale for growth hormone treatment.*

Patient Medical Chart Information Sent? Yes No

Please provide any additional information which should be considered in the space below:
