SANDHILLS CENTER

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 #: _____
Mailing address: _____ 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 statue 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 to: 1-833-727-3741 or Call PerformRx for help: 1-888-846-1062