Pharmacy
Prior Authorization Form

Last Reviewed: Sept. 09

For Prior Authorization please fax to: (877)974-4411 toll free, or (616)942-8206

This form applies to: ☒ **Commercial Plan** ☒ **Medicaid Plan** ☒ **Medicare Plan**

Reset Form

Human Growth Hormone
(Norditropin, Nutropin/AQ, Genotropin, Humatrope, Omnitrope, Saizen, Tev-Tropin, Accretropin)

☐ Urgent ☐ Non-urgent

***This medication must be dispensed at a participating Specialty Pharmacy**

***No prior authorization required for Norditropin when prescribed by a pediatric endocrinologist.**

Member Name:	Member #:
DOB:	Gender:
Provider Name:	Provider Phone:
Provider Office Address:	
Provider Office Contact Name:	Provider Fax:
Provider Signature:	Provider NPI:
Date:	Member's PCP:

Drug Requested (please choose one):

Norditropin: ☐ 5mg cartridge ☐ 15mg cartridge ☐ 4mg vial ☐ 8mg vial ☐ 5mg nordiflex pen ☐ 10mg nordiflex pen ☐ 15mg nordiflex pen

Please note: Norditropin is the preferred product, so if criteria is met for human growth hormone, a therapeutic trial and clinical failure of a preferred product is required prior to a non-preferred product being authorized. No prior authorization required for Norditropin when prescribed by a pediatric endocrinologist.

Nutropin: ☐ 10mg vial ☐ 5mg vial

Nutropin AQ: ☐ 10mg vial ☐ 10mg cartridge ☐ 20mg cartridge

Genotropin: ☐ 0.2mg miniquick ☐ 0.4mg miniquick ☐ 0.6mg miniquick ☐ 0.8mg miniquick ☐ 1mg miniquick ☐ 1.2mg miniquick ☐ 1.4mg miniquick ☐ 1.6mg miniquick ☐ 1.8mg miniquick ☐ 2mg miniquick ☐ 5.8mg cartridge ☐ 13.8mg cartridge

Humatrope: ☐ 5mg cartridge ☐ 6mg cartridge ☐ 12mg cartridge ☐ 24mg cartridge

Omnitrope: ☐ 1.5mg vial ☐ 5.8mg vial ☐ 5mg/ml inj

Saizen : ☐ 5mg vial ☐ 8.8mg vial ☐ 5mg powder ☐ 8.8mg powder

Tev-Tropin: ☐ 5mg vial

Accretropin: ☐ 5mg/ml vial ☐ 5mg/ml cartridge

Priority Health Precertification Requirements:

Authorization of human growth hormone requires:

- Must be prescribed by a pediatric endocrinologist or pediatric nephrologist
- **Indications for children**
    1. Growth hormone deficiency
        - Must submit an untreated growth velocity curve with a minimum of 1 year of growth data showing a growth velocity of < 10th % for bone age and gender
        - Height is less than the 5th % for age/sex
        - Growth plates must be open
        - Bone age must be a minimum of 1 year behind chronological age (unless GHD is related to pituitary surgery, radiation therapy, or with precocious puberty)
        - Must have a documented GH deficiency via 2 growth hormone stimulation tests below 10 ng/ml **or** GH stimulation test level < 15 ng/ml + IGF-1 and IGF-PB3 levels below normal for bone age and sex
    2. Turner's syndrome
        - Height is less than 10th %
        - Growth plates must be open
    3. Pre-transplant chronic renal insufficiency
        - Must submit an untreated growth velocity curve with a minimum of 1 year of growth data showing a growth velocity of < 10th % for bone age and gender
        - Height is less than the 5th % for age/sex
        - Growth plates must be open
        - Patient is receiving weekly dialysis or SCR < 2 mg/dL
    4. Prader-Willi Syndrome
        - submit an untreated growth velocity curve with a minimum of 1 year of growth data showing a growth velocity of < 10th % for bone age and gender
        - Growth plates must be open
        - Documented decreased muscle tone by exam
    5. Neonatal Hypoglycemia associated with growth hormone deficiency
        - Growth plates must be open
        - Bone age must be a minimum of 1 year behind chronological age (unless GHD is related to pituitary surgery, radiation therapy, or with precocious puberty)
        - Must have a documented GH deficiency via 2 growth hormone stimulation tests below 10 ng/ml **or** GH stimulation test level < 15 ng/ml + IGF-1 and IGF-PB3 levels below normal for bone age and sex
- Benefit exclusions for children
    - Constitutional growth delay
    - Patients with acute or chronic catabolic illness
- Continuation criteria (up to 12 months)
    - First 12 months of therapy: >= 7.0 cm/year
    - > 12 months of therapy: >=6 cm/year
    - Bone age: Girls > 13 years, >=2.5 cm/year; Boys 15 years, >=2.5 cm/year
    - If not on maximum recommended dose
- Duration of therapy (whichever comes first)
    - Growth velocity is less than 2.5 cm/year
    - Bone age in males reaches 16
    - Bone age in females reaches 14
    -

- **Growth Hormone Replacement in adults at least 18 years**
  - Documented growth hormone deficiency by: suboptimal response (< 3 mcg/l) to a hypoglycemic challenge (unless contraindicated, then can use other accepted method) **or** at least 2 other pituitary-related hormone deficiencies and an abnormally low IGF
  - One of the following:
    - Hypothalamic pituitary disease resulting from tumor or infarct
    - History of cranial irradiation during childhood or adulthood resulting in GH deficiency
    - Pituitary surgery resulting in GH deficiency
    - Continuing treatment of childhood onset GH deficiency
  - Benefit exclusions for adults
    - Adults treated during childhood without documented evidence of persistent GH deficiency
    - Physiologic reductions in GH related to aging
    - Treatment of Turner's syndrome or cystinosis
  - Duration of therapy for adults is 1 year

Please Complete the Following Information:

If requesting a non-preferred product, patient has had a documented therapeutic trial and clinical failure of preferred product (Norditropin):

☐ Yes
Drug: _____ Trial dates: _____
Drug: _____ Trial dates: _____

☐ No – Rationale for use: _____

☐ Pediatrics

New request or continuation of therapy:

☐ New request
☐ Continuation of therapy (see continuation section)

Patient has at least one of the following conditions/contraindications (please check all that apply):

☐ Yes – Rationale for use: _____
  ☐ Constitutional growth delay
  ☐ Acute or chronic catabolic illness
☐ No

Pediatric Diagnoses:

☐ 1. Growth hormone deficiency

All of the following apply (please check all that apply):

- ☐ Yes
  - ☐ An untreated growth velocity curve with a minimum of 1 year of growth data showing a growth velocity of < 10th % for bone age and gender has been submitted
  - ☐ Height is less than the 5th % for age/sex
  - ☐ Growth plates must be open
  - ☐ Bone age must be a minimum of 1 year behind chronological age (unless GHD is related to pituitary surgery, radiation therapy, or with precocious puberty)
  - ☐ Must have a documented GH deficiency via 2 growth hormone stimulation tests below 10 ng/ml **or** GH stimulation test level < 15 ng/ml + IGF-1 and IGF-PB3 levels below normal for bone age and sex
- ☐ No – Rationale for use: _____

_____

☐ 2. Turner's syndrome

All of the following apply (please check all that apply):

- ☐ Yes
  - ☐ Height is less than the 10h % for age/sex
  - ☐ Growth plates must be open
- ☐ No – Rationale for use: _____

_____

☐ 3. Pre-transplant chronic renal insufficiency

All of the following apply (please check all that apply):

- ☐ Yes
  - ☐ Must submit an untreated growth velocity curve with a minimum of 1 year of growth data showing a growth velocity of < 10th % for bone age and gender
  - ☐ Height is less than the 5th % for age/sex
  - ☐ Growth plates must be open
  - ☐ Patient is receiving weekly dialysis or SCR < 2 mg/dL
- ☐ No – Rationale for use: _____

_____

☐ 4. Prader-Willi Syndrome

All of the following apply (please check all that apply):

- ☐ Yes
  - ☐ Must submit an untreated growth velocity curve with a minimum of 1 year of growth data showing a growth velocity of < 10^{th} % for bone age and gender
  - ☐ Growth plates must be open
  - ☐ Documented decreased muscle tone by exam
- ☐ No – Rationale for use: _____

_____

☐ 5. Neonatal Hypoglycemia associated with growth hormone deficiency

All of the following apply (please check all that apply):

- ☐ Yes
  - ☐ Growth plates must be open
  - ☐ Bone age must be a minimum of 1 year behind chronological age (unless GHD is related to pituitary surgery, radiation therapy, or with precocious puberty)
  - ☐ Must have a documented GH deficiency via 2 growth hormone stimulation tests below 10 ng/ml **or** GH stimulation test level < 15 ng/ml + IGF-1 and IGF-PB3 levels below normal for bone age and sex
- ☐ No – Rationale for use: _____

Pediatric Continuation Section

Length of time patient has been on human growth hormone therapy: _____

Patient's bone age: _____

Patient's gender:

- ☐ Male
- ☐ Female

Current growth velocity: _____ cm/year

☐ **Adults** – For adults age 18 and older

☐ Documented growth hormone deficiency by (check which applies):
- ☐ Suboptimal response (< 3 mcg/l) to a hypoglycemic challenge
- ☐ If hypoglycemic challenge is contraindicated, can use other accepted method:
  Please describe other method: _____
  _____
- ☐ At least 2 other pituitary-related hormone deficiencies and an abnormally low IGF

☐ At least **one** of the following applies (please check all that apply):
- ☐ Yes
  - ☐ Hypothalamic pituitary disease resulting from tumor or infarct
  - ☐ History of cranial irradiation during childhood or adulthood resulting in GH deficiency
  - ☐ Pituitary surgery resulting in GH deficiency
  - ☐ Continuing treatment of childhood onset GH deficiency
- ☐ No – Rationale for use: _____

Patient has at least one of the following conditions/contraindications (please check all that apply):

☐ Yes – Rationale for use: _____
- ☐ Adults treated during childhood without documented evidence of persistent GH deficiency
- ☐ Physiologic reductions in GH related to aging
- ☐ Treatment of Turner's syndrome or cystinosis

☐ No

Print

*** All fields must be complete and legible for Prior Authorization Review***

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YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX