carolina complete health

Pharmacy Request for Prior Approval - Growth Hormone - Adult 21 Years of Age and Older

Recipient Information

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

Payer Information

6. Is this a Medicaid or Health Choice Request? Medicaid: ☐ Health Choice: ☐

Prescriber Information

7. Prescribing Provider #:_____ NPI: ☐ *or* Atypical: ☐
8. Prescriber DEA #: _____
Requester Contact Information
Name:_____ Phone #:_____ Ext:_____

Drug Information

9a. Drug Name: _____ 9b. Is this request for a Non-Preferred Drug? ☐ Yes ☐ No
10. Strength: _____ 11. Quantity Per 30 Days: _____
12. Length of Therapy (in days): ☐ up to 30 ☐ 60 ☐ 90 ☐ 120 ☐ 180 ☐ 365 ☐ Other:_____

Clinical Information

1. Diagnosis: _____
FOR NON-PREFERRED DRUGS: COMPLETE THIS SECTION AS WELL AS BELOW.
☐ Failed two preferred drug(s). List preferred drugs failed: _____
Or list reason why patient cannot try two preferred drugs: _____
2. History of: a. ☐ Turners Syndrome b. ☐ Prader Willi Syndrome c. ☐ Craniopharyngioma
d. ☐ Panhypopituitarism e. ☐ Cranial Irradiation
f. ☐ MRI History of Hypopituitarism list: _____ g. ☐ Hypopituitarism
h. ☐ Chronic Renal Insufficiency i. ☐ SGA with IUGR j. ☐ Other: _____
3. Was the patient diagnosed as a child? ☐ Yes ☐ No
4. Did the patient have a height velocity < 25th Percentile for Bone Age. ☐ Yes ☐ No Height Velocity: _____
5. Did the patient have low serum levels of IGF-1 and IGFBP-3? ☐ Yes ☐ No IGF-1 Level: _____ IGFBP-3 Level: _____
6. Did the patient have other signs of hypopituitarism? ☐ Yes ☐ No List: _____
7. Was the patient an adequately nourished child with hypoglycemia and a low GH response to hypoglycemia? ☐ Yes ☐ No
8. Was the patient's height < 3rd percentile for chronological age? ☐ Yes ☐ No Height: _____ Percentile: _____
9. Was birth weight and/or length more than 2 standard deviations below mean for gestational age with no catch up by age 2? ☐ Yes ☐ No
10. Is the patient currently being treated and diagnosed with GHD in childhood with a current low IGF-1? ☐ Yes ☐ No
IGF-1 Level: _____
11. Is the patient currently being treated and diagnosed with short stature in childhood 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 IGF-BP3? ☐ Yes ☐ No
IGF-1 Level: _____ IGF-BP3 Level: _____
12. IS GHD documented by a negative response to a GH stimulation test? ☐ Yes ☐ No Agent 1: ____ Agent 2: _____ Peak: _____ Ng/ml: _____
13. Document cause of GHD (pituitary/hypothalamic disease, radiation, surgery, trauma): _____
Zorbitive only: 14. Is there a history of short bowel syndrome in the last 2 years? ☐ Yes ☐ No

Signature of Prescriber:_____ Date:_____
*Prescriber signature mandatory

Fax this form to: (877) 386-4695 Pharmacy PA Call Center: (833) 585-4309