Growth Hormone Prior Authorization Request Form

JOHNS HOPKINS MEDICINE
JOHNS HOPKINS HEALTHCARE
7231 Parkway Drive, Suite 100 Hanover, MD 21076

USFHP Pharmacy Prior Authorization Form

To be completed by Requesting provider
Drug Name:
Duration of Therapy:

FAX Completed Form AND APPLICABLE PROGRESS NOTES to: (410) 424-4037

Questions? Contact the Pharmacy Dept at: **(888) 819-1043**, option 4

Clinical Documentation must accompany form in order for a determination to e made

Prior authorization expires after one year.

Step 1 **Please complete patient and physician information** (Please Print)

Patient Name: _____ Physician Name: _____
Address: _____ Address: _____
_____ _____
Sponsor ID# _____ Phone #: _____
Date of Birth: Secure Fax #:

Step 2

Please indicate the specific product for which prior authorization is requested: _____
The DoD step preferred (formulary) growth hormone product is Norditropin FlexPro.
Formulary but non-step preferred growth hormone products: Zomacton, and Omnitrope.
Non – formulary growth hormone products: Genotropin, Humatrope, Nutropin AQ NuSpin, Nutropin AQ Pen, Serostim, Zorbtive, and Saizen.

Step 3 **Please complete the clinical assessment**

1. Is the patient a child less than 18 years of age?	☐ Yes Proceed to question **2**	☐ No Proceed to question **5**
2. Is the patient a child with one of the following conditions? ☐ Growth Hormone Deficiency ☐ Prader-Willi Syndrome (in patients with a negative sleep study for obstructive sleep apnea) ☐ Turner Syndrome ☐ Short stature homeobox gene (ShoX) gene mutation ☐ Noonan's Syndrome ☐ Chronic renal insufficiency associated with growth failure ☐ Small for gestational age	☐ Yes Proceed to question **4**	☐ No Proceed to question **3**
3. For patients younger than 18 years of age who do not have one of the indications mentioned above, please provide the diagnosis.	_____ Please write-in the diagnosis. Proceed to question **4**	
4. Is the prescription written by or in consultation with a pediatric endocrinologist or nephrologist who recommends therapeutic intervention and will manage treatment?	☐ Yes Proceed to question **8**	☐ No **STOP** Coverage not approved
5. Is the patient an adult with growth hormone deficiency as a result of pituitary disease, hypothalamic disease, trauma, surgery, or radiation therapy, acquired as an adult or diagnosed during childhood?	☐ Yes Proceed to question **7**	☐ No Proceed to question **6**

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6. Does the patient have HIV/AIDS wasting/cachexia or Short Bowel Syndrome?	☐ Yes Proceed to question **7**	☐ No **STOP** Coverage not approved
7. Is the prescription written by or in consultation with an appropriate specialist (endocrinologist, infectious disease specialist, general surgeon, or gastroenterologist)?	☐ Yes Proceed to question **8**	☐ No **STOP** Coverage not approved
8. Which medication is being requested?	☐ Norditropin FlexPro - **Sign and date below** ☐ Genotropin, Humatrope, Nutropin AQ Nuspin, Saizen, Zorbtive, Serostim, Omnitrope, or Zomacton – **Proceed to 9**	
9. Does the patient have a contraindication to Norditropin FlexPro?	☐ Yes **Sign and date below**	☐ No Proceed to question **10**
10. Has the patient experienced an adverse reaction to Norditropin FlexPro that is not expected with the non-step preferred product (Genotropin, Humatrope, Nutropin AQ, Nuspin, Saizen, Zorbtive, Omnitrope, Serostim, or Zomacton)?	☐ Yes **Sign and date below**	☐ No **STOP** Coverage not approved

Please note that use of a Growth Stimulating Agent is not approved for the following: idiopathic short stature, the normal ageing process, obesity, or depression, other off-label uses (e.g., non-alcoholic fatty liver disease, cirrhosis, mild cognitive impairment, etc.) or concomitant use of multiple Growth Stimulating Agents.

Step 4 **I certify that the above is correct to the best of my knowledge** (Please sign and date):

_____ _____

Prescriber Signature Date

[20 December 2019]

For Internal Use Only	
☐ Approved:	Duration of Approval: _____month(s)
☐ Denied:	Authorized By:
☐ Incomplete/Other:	PA#:
Date Faxed to MD:	Date Decision Rendered: