Health Partners Plans

HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Growth Hormones

Phone: 215-991-4300 **Fax back to: 866-240-3712**

Health Partners Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL DELAY the review process.

Patient Name:	Prescriber Name:	
HPP Member Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Patient Primary Phone:	NPI:	*PA PROMISe ID:*
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Line of Business: ☐ Medicaid ☐ CHIP	*Specialty Pharmacy (if applicable):*	
Drug Name:	**Strength:**	
Quantity:	**Refills:**	
Directions:		
Diagnosis Code:	**Diagnosis:**	
HPP's maximum approval time is 12 months but may be less depending on the drug.		

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. Is this a request for initiation of therapy with the requested drug?
[If no, skip to question 48.]

☐ Yes ☐ No

Q2. Is the requested drug prescribed for the treatment of a diagnosis that is indicated in the United States Food and Drug Administration (FDA)-approved package label or a medically accepted indication?

☐ Yes ☐ No

Q3. Is the patient's age appropriate for the requested drug according to Food and Drug Administration (FDA)-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

☐ Yes ☐ No

Q4. Is the prescribed dose and duration of therapy consistent with Food and Drug Administration (FDA)-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

☐ Yes ☐ No

Q5. Is the requested drug prescribed by an appropriate specialist (e.g. endocrinologist, gastroenterologist or neonatologist [in the neonatal period])?

☐ Yes ☐ No

Q6. Does the member have a history of a contraindication to the requested drug?

☐ Yes ☐ No

Q7. Is this a request for a preferred product?

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☐ Yes ☐ No

Q8. Does the patient have a history of therapeutic failure of the preferred products approved or medically accepted for the member's diagnosis?

☐ Yes ☐ No

Q9. Is this a request for short bowel syndrome?

☐ Yes ☐ No

Q10. Is the patient a neonate?
[If no, skip to question 13.]

☐ Yes ☐ No

Q11. Does the patient have a diagnosis of growth hormone deficiency confirmed according to the current consensus guidelines (e.g. Pediatric Endocrine Society)?

☐ Yes ☐ No

Q12. Has appropriate imaging (magnetic response imaging [MRI] or computed tomography [CT]) of the brain been done, with particular attention to the hypothalamic pituitary region, to exclude the possibility of a tumor?

☐ Yes ☐ No

Q13. Does the patient have acquired immunodeficiency syndrome (AIDS) related cachexia?
[If yes, skip to question 43.]

☐ Yes ☐ No

Q14. Is the patient at least 18 years old, or are their epiphyses closed?
[If yes, skip to question 38.]

☐ Yes ☐ No

Q15. Has appropriate imaging (magnetic response imaging [MRI] or computed tomography [CT]) of the brain been done, with particular attention to the hypothalamic pituitary region, to exclude the possibility of a tumor?

☐ Yes ☐ No

Q16. Does the patient meet any of the following: A) Patient is female at least 12 years old, B) Patient is a male at least 14 years old, C) Patient is in Tanner stage three or higher?

☐ Yes ☐ No

Q17. Have the epiphyses been confirmed as open?

☐ Yes ☐ No

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Q18. Has growth failure due to idiopathic short stature, familial short stature or constitutional growth delay been ruled out?

☐ Yes ☐ No

Q19. Have all other causes of short stature been excluded?

☐ Yes ☐ No

Q20. Does the patient have a diagnosis of growth hormone deficiency confirmed according to the current consensus guidelines (e.g. Pediatric Endocrine Society)?

☐ Yes ☐ No

Q21. Does the patient have a diagnosis of insulin-like growth factor (IGF)-1 deficiency?
[If no, skip to question 26.]

☐ Yes ☐ No

Q22. Is the patient's height greater than 2.25 standard deviation (SD) below the mean for age or greater than two SD below the mid-parental height percentile?

☐ Yes ☐ No

Q23. Is the growth velocity below the 25th percentile for bone age?

☐ Yes ☐ No

Q24. Have secondary causes of insulin-like growth factor (IGF)-1 deficiency been excluded (i.e. under-nutrition and hepatic disease)?

☐ Yes ☐ No

Q25. Does the patient have a history of passed growth hormone stimulation tests?

☐ Yes ☐ No

Q26. Does the patient have a diagnosis of chronic renal failure?
[If no, skip to question 29.]

☐ Yes ☐ No

Q27. Does the patient have a diagnosis of pediatric growth failure (defined by height greater than two standard deviations (SD) below the mean for age and gender) due to chronic renal failure?

☐ Yes ☐ No

Q28. Has the patient had a renal transplant?

☐ Yes ☐ No

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Q29. Does the patient have a diagnosis of small for gestational age (SGA)?
[If no, skip to question 32.]

☐ Yes ☐ No

Q30. Does the patient meet either of the following: A) Patient was born with a birth weight of less than 2500 grams at a gestational age of 37 weeks or more, or B) Patient' weight or length at birth was greater than two standard deviations (SD) below the mean for gestational age?

☐ Yes ☐ No

Q31. Did the patient fail to manifest catch-up growth by two years of age (defined as height at least two standard deviations [SD] below the mean for age and gender)?

☐ Yes ☐ No

Q32. Does the patient have a diagnosis of Turner syndrome, Noonan syndrome or Short Stature Homeobox (SHOX) Syndrome?
[If no, skip to question 34.]

☐ Yes ☐ No

Q33. Has it been confirmed the patient's growth failure (defined as height greater than two standard deviations (SD) below the age-related mean) is caused by a documented diagnosis of Turner syndrome, Noonan syndrome or Short Stature Homeobox (SHOX) Syndrome? Note: please attach documentation.

☐ Yes ☐ No

Q34. Does the patient have a diagnosis of Prader-Willi syndrome? Note: Please attach documentation to confirm diagnosis.

☐ Yes ☐ No

Q35. Is the patient receiving treatment for Prader-Willi syndrome manifestations and co-morbidities?

☐ Yes ☐ No

Q36. Does the patient have growth failure defined as height greater than two standard deviations (SD) below the age-related mean?

☐ Yes ☐ No

Q37. Does the patient have one of the following: A) No symptoms of sleep apnea or B) A history of sleep apnea or symptoms consistent with sleep apnea and has been fully evaluated and treated?

☐ Yes ☐ No

Q38. Does the patient have a diagnosis of growth hormone deficiency confirmed according to the current consensus guidelines (e.g. American Association of Clinical Endocrinologists)?

☐ Yes ☐ No

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Q39. Does the patient have a documented history of adult growth hormone deficiency a result of one of the following: A) Childhood-onset growth hormone deficiency, B) Pituitary or hypothalamic disease, C) Surgery or radiation therapy, D) Trauma?

☐ Yes ☐ No

Q40. Is the patient currently receiving replacement therapy for any other pituitary hormone deficiencies that is consistent with current medical standards of practice?

☐ Yes ☐ No

Q41. Does the patient have a traumatic brain injury or subarachnoid hemorrhage?

☐ Yes ☐ No

Q42. Has the patient received stimulation testing at least 12 months after the date of the injury? Note: Please attach documentation of lab tests.

☐ Yes ☐ No

Q43. Does the patient have a diagnosis of wasting syndrome defined by a body mass index (BMI) less than or equal to 18.5?

☐ Yes ☐ No

Q44. Does the patient have a diagnosis of wasting syndrome defined by both of the following: A) body mass index (BMI) less than or equal to 25, and B) unintentional or unexplained weight loss defined by one of the following: 1) Weight loss of at least 10 percent from baseline premorbid weight or 2) a BMI of less than 20 in the absence of a concurrent illness or medical condition [other than human immunodeficiency virus (HIV)] that would explain these findings?

☐ Yes ☐ No

Q45. Is it confirmed that wasting syndrome is not attributable to other causes, such as depression, Mycobacterium avium complex infection, chronic infectious diarrhea, or malignancy? Note: Kaposi's sarcoma limited to the skin or mucous membranes is excluded.

☐ Yes ☐ No

Q46. Is the patient currently on a comprehensive acquired immunodeficiency syndrome (AIDS) treatment program, including antiretroviral therapy?

☐ Yes ☐ No

Q47. Has the patient had an inadequate response or intolerance to both of the following: A) Nutritional supplements that increase caloric and protein intake and B) Steroid hormones such as megestrol?

☐ Yes ☐ No

Q48. Is the requested drug being prescribed by an appropriate specialist (e.g. neonatologist [in the neonatal period],

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endocrinologist, or gastroenterologist)?

☐ Yes ☐ No

Q49. Is the prescribed dose and duration of therapy consistent with Food and Drug Administration (FDA)-approved package labeling, nationally recognized compendia or peer-reviewed medical literature?

☐ Yes ☐ No

Q50. Is the patient age-appropriate for the requested drug according to Food and Drug Administration (FDA)-approved package labeling, nationally recognized compendia or peer-reviewed medical literature?

☐ Yes ☐ No

Q51. Does the patient have a history of contraindication to the requested drug?

☐ Yes ☐ No

Q52. Is this request for a dose increase?

☐ Yes ☐ No

Q53. Does the patient demonstrate compliance with the requested medication?

☐ Yes ☐ No

Q54. Is the patient a neonate?

☐ Yes ☐ No

Q55. Is the current insulin-like growth factor (IGF)-1 concentration in the normal range for age and gender?

☐ Yes ☐ No

Q56. Does the patient have a diagnosis of acquired immunodeficiency syndrome (AIDS)-related cachexia?
[If yes, skip to question 69.]

☐ Yes ☐ No

Q57. Is the patient at least 18 years of age or have closed epiphyses?
[If yes, skip to question 67.]

☐ Yes ☐ No

Q58. Does the patient meet any of the following: A) Patient is female at least 12 years old, B) Patient is a male at least 14 years old, C) Patient is in Tanner stage three or higher?

☐ Yes ☐ No

Q59. Are the epiphyses confirmed open?

☐ Yes ☐ No

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Q60. Has the patient reached puberty?

☐ Yes ☐ No

Q61. Has the patient demonstrated a growth response of at least 2.5 centimeters per year?

☐ Yes ☐ No

Q62. Has the patient demonstrated a growth response of at least 4.5 centimeters per year?

☐ Yes ☐ No

Q63. Is the insulin-like growth factor (IGF)-1 concentration in the normal range for age and gender?

☐ Yes ☐ No

Q64. Has the patient reached expected final adult height (mid-parental height)?

☐ Yes ☐ No

Q65. Does the patient have a diagnosis of Prader-Willi syndrome?

☐ Yes ☐ No

Q66. Has the patient shown improvement in any of the following since starting the requested drug: A) Lean-to-fat body mass or B) Growth velocity?

☐ Yes ☐ No

Q67. Has the patient experienced clinical benefit since starting the requested drug as evidenced by one of the following: A) Increase in total lean body mass, B) Increase in exercise capacity, C) Improved energy level?

☐ Yes ☐ No

Q68. Does the patient have a normal insulin-like growth factor (IGF)-1 concentration?

☐ Yes ☐ No

Q69. Has the patient demonstrated any of the following since starting the requested medication: A) Weight stabilization or B) Weight increase?

☐ Yes ☐ No

Q70. Additional Information:

_____ _____

Prescriber Signature Date

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