UPMC HEALTH PLAN

GROWTH HORMONE

(HUMATROPE, NORDITROPIN)

Prior Authorization Form

IF THIS IS AN URGENT REQUEST, Please Call UPMC Health Plan Pharmacy Services.
Otherwise please return completed form to:

UPMC HEALTH PLAN PHARMACY SERVICES — PHONE 800-979-UPMC (8762) — FAX 412-454-7722

PLEASE TYPE OR PRINT NEATLY

Please complete all sections of this form AND include details of past relevant medical treatment, which substantiates the need for an exception to using formulary alternatives, i.e. past prescription treatment failures, documented side effects, chart documentation, lab values, etc. Incomplete responses may delay this request.

Office Contact:	**Provider Specialty:**
Provider First Name:	**Provider Last Name:**
Provider Phone:	**Provider Fax:**

Patient Name:	**Patient UPMC Health Plan ID Number:**	**Patient DOB:**	**Patient Age:**

Drug Requested: ❑ Brand ❑ Generic	**Strength:**	**Frequency:**	**Qty Dispensed:**	**Patient Height:**	**Patient Weight:**	**Anticipated duration of use?**

❑ New Medication	**❑ Ongoing Medication**	**If Ongoing, provide date started:**

Place of infusion? (Name and Location)

- ❑ **Physician's Office:**
- ❑ **Hospital/Facility:**

Will the drug be: (select one)

- ❑ **Billed directly by the provider via JCODE**
  If billed via JCODE, please provide the name of provider or vendor that will bill for this drug:_______________
- ❑ **Billed by a pharmacy and delivered to the provider**
- ❑ **Billed by a pharmacy and delivered to the patient**

Diagnosis (Please Check One):

(To allow for complete review, please provide CHART DOCUMENTATION as described below.)

- ❑ **Child with classic Growth Hormone Deficiency** *(Chart documentation should include: diagnosis, growth chart, results of 2 provocative growth hormone stimulation tests with one test being the insulin tolerance test, IGF-1 level, pretreatment growth velocity, comparison of skeletal (bone) age compared to chronological age, treatment plan)*
- ❑ **Child with Growth Hormone Deficiency due to Chronic Renal Insufficiency who is awaiting kidney transplantation** *(Chart documentation should include: diagnosis, growth chart, pretreatment growth velocity, and treatment plan)*
- ❑ **Female child with Turner's Syndrome AND growth retardation** *(Chart documentation should include: diagnosis, growth chart, pretreatment growth velocity, and treatment plan)*
- ❑ **Child with Prader-Willi Syndrome** *(Chart documentation should include: diagnosis, growth chart, pretreatment growth velocity, and treatment plan)*
- ❑ **Child with extreme short stature** *(Chart documentation should include: diagnosis, growth chart, Height Standard Deviation Score, treatment plan, and documentation including specific examples of how basic activities of daily life (ADL) are affected, that associated growth rates are unlikely to permit attainment of adult height within the target height range calculated based on parental heights, and that children with short stature born small for gestational age (SGA) have not shown catch-up growth by age 2 years.)*
- ❑ **Adult with Growth Hormone Deficiency with childhood onset** *(Chart documentation should include: diagnosis, results of reassessment of provocative growth hormone stimulation test using the insulin tolerance test, documentation explaining if patient has reached adult peak bone mass, treatment plan)*
- ❑ **Adult with Growth Hormone Deficiency with adult onset** *(Chart documentation should include: underlying cause of Growth Hormone Deficiency, if underlying cause is unknown - evidence of hypothalamic pituitary disease, documentation of at least one other hormone deficiency (other than GH) such as TSH, ACTH, or gonadotropins (except for prolactin), results of provocative growth hormone stimulation test using the insulin tolerance test, if the member has diabetes – documentation that their diabetes is controlled and that the patient does not have diabetes with unstable proliferative retinopathy, treatment plan)*
- ❑ **Other** *(Please provide specific chart documentation describing underlying condition and rationale for growth hormone treatment.)*

Patient Medical Chart Information Sent	❑ Yes	❑ No