

Fax completed prior authorization request form to 800-854-7614 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts.

All requested data must be provided. Incomplete forms or forms without the chart notes will be returned

Pharmacy Coverage Guidelines are available at www.mercycareaz.org/providers/pharmacy.html

Growth Hormone & Growth Stimulating Agents Pharmacy Prior Authorization Request Form

Do not copy for future use. Forms are updated frequently.

REQUIRED: Chart notes that include weight, height, growth velocity and lab values (GH levels, IGF-1 / IGFBP-3), stim test results, bone age **Member Information** Member Name (first & last): Date of Birth: Gender: Height: Male Female Member ID: City: State: Weight: **Prescribing Provider Information** NPI# Provider Name (first & last): Specialty: DEA# Zip Code: Office Address: City: State: Office Contact: Office Phone Office Fax: **Dispensing Pharmacy Information** Pharmacy Name: Pharmacy Phone: Pharmacy Fax: **Requested Medication Information** Genotropin MiniQuick **Preferred** □ Norditropin FlexPro Agents: Humatrope Increlex Ngenla Nutroprin AQ Nuspin Saizen or Saizen Click Easy Non-Preferred Agents: Brand Serostim Skytrofa Sogroya Zorbtive Brand Omnitrope Zomacton Genotropin Cartridge Other Please Specify: Are there any contraindications to formulary medications? ☐ Yes □ No New Continuation (if yes, please specify): request of therapy Medication request is NOT for an FDA-approved, or compendia-What medication(s) have been tried and failed for this diagnosis? supported diagnosis (circle one): Yes No (please specify): Requests for non-preferred agents require submission of chart notes or verification of paid claims documenting history of failure to ALL preferred products listed below (please check): ☐ Brand Genotropin MiniQuick □ Brand Norditropin FlexPro What is the diagnosis ICD-10 Code? Diagnosis: Directions for Use: Strength: Dosage Form: Quantity: Day Supply: Duration of Therapy/Use: **Turn-Around Time for Review** ☐ Standard – (24 Urgent - If waiting 24 hours for standard decision could seriously harm life, health, or ability to regain maximum function, you can ask for an expedited decision. hours) Signature: **Clinical Information Pediatric Growth Hormone Deficiency**

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	Current height: Date Obtained:											
□ Does the member have history of neonatal hypoglycemia associated with pituitary disease? □ Yes □ No												
DX is pediatric Projected height >2 SD below mid-parental height using age AND gender growth charts related to height												
GH deficiency	Theight is 22.23 ab below population mean using age and gender growth charts related to height											
confirmed by ONE of the	☐ Growth velocity is >2 SD below mean for age and gender											
following:	□ Delayed skeletal maturation >2 SD below mean for age AND gender											
☐ Male with bone age <16 years? ☐ Female with bone age <14 years?												
Documentation of TWO of the following GH stimulating tests with BOTH response												
values <10 mcg/L?												
☐ Levodopa ☐ Glucagon ☐ Insulin												
Age <1 year AN	D IGF-1 OR IGFBP-3 is	below age	AND	gender a	adjusted normal rang	e as provided by physiciar	's lab	☐ Yes	□ No			
	eed MAX supply limit	□ Yes				stage 3 or greater AND dos		□ Yes	□ No			
of 0.3 mg/kg/wk′				d	oes NOT exceed MA	X supply limit of 0.7 mg/kg	g/wk?					
	equest ONLY:	aget 2em/s	/r·									
	of height increase by at	east 2cm/y	/r:									
current height						obtained:	_					
Is there docume	•	☐ Yes				n of expected adult height	goal	☐ Yes	□ No			
	eight not attained? of calculated height GV	over the pa	 st 12		genetic potential)?			☐ Yes	□ No			
Male with bone			es	□ No		e with bone age <14	□Yes		□ N/A			
	•		03		years?	?		□ INO	□ N/A			
_	eed a MAX supply limit		es	□ No		er Stage 3 or greater AND		☐ Yes	□ No			
of 0.3mg/kg/wk?	li Syndrome				does NOT exceed	MAX supply limit of 0.7mg	J/Kg/WK?					
Current Height:	-				Date obtaine	ed:						
					Date obtaine	,u						
	equest ONLY: ntation of evidence of p	sitive resp	onse	to therar	ov (increase in total le	ean body mass, decrease	n fat	□ Yes	□ No			
Is there documentation of evidence of positive response to therapy (increase in total lean body mass, decrease in fat mass)?												
Is there documentation of height increase by at least 2cm/yr over the previous year of TX?												
,	ntation of height increas	e by at lea	st 2cı	m/yr over	the previous year of	TX?						
,	ntation of height increas	e by at lea	st 2cı	m/yr over	the previous year of Date obtaine							
Is there docume Current height: Is there docume	ntation showing	e by at lea - □ Yes		No Is	Date obtaine		goal	□ Yes	□ No			
Is there docume Current height: Is there docume expected adult h	ntation showing eight not attained?	-		No Is	Date obtaine	d:	goal	☐ Yes	□ No			
Is there docume Current height: _ Is there docume expected adult h Turner Syr	ntation showing eight not attained?	- Yes		No Is	Date obtaine s there documentatio genetic potential)?	d:n of expected adult height	-					
Is there docume Current height: _ Is there docume expected adult h Turner Syr Diagnosis of peo	ntation showing eight not attained?	-		No Is	Date obtaine s there documentatio genetic potential)?	d:	-	☐ Yes	□ No			
Is there docume Current height: Is there docume expected adult h Turner Syr Diagnosis of per associated with	ntation showing leight not attained? lidrome liatric growth failure	☐ Yes	<u> </u>	No Is	Date obtaine s there documentatio genetic potential)?	d:n of expected adult height	-					
Is there docume Current height: _ Is there docume expected adult h Turner Syr Diagnosis of per associated with Height is below	ntation showing leight not attained? lidrome liatric growth failure Turner Syndrome? the 5th percentile on groen	☐ Yes☐ Yeswth charts	G for a	No Is	Date obtaine sthere documentation genetic potential)? Is the member a fearence.	d:n of expected adult height emale AND bone age is <1	-	□Yes	□No			
Is there docume Current height: _ Is there docume expected adult h Turner Syr Diagnosis of per associated with Height is below	ntation showing leight not attained? lidrome liatric growth failure Turner Syndrome? the 5th percentile on gro	☐ Yes☐ Yeswth charts	G for a	No Is	Date obtaine sthere documentation genetic potential)? Is the member a fearence.	d:n of expected adult height emale AND bone age is <1	-	□Yes	□No			
Is there docume Current height: _ Is there docume expected adult h Turner Syr Diagnosis of per associated with Height is below	ntation showing leight not attained? lidrome liatric growth failure Turner Syndrome? the 5th percentile on groen	☐ Yes☐ Yeswth charts	G for a	No Is	Date obtaine sthere documentation genetic potential)? Is the member a fearence.	d:n of expected adult height emale AND bone age is <1	-	□Yes	□No			
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Is there docume Current height: Is there docume expected adult h Turner Syr Diagnosis of per associated with Height is below to Renewal R Is there docume Current height: Is there docume expected adult h	ntation showing eight not attained? Idrome liatric growth failure Turner Syndrome? the 5th percentile on groequest ONLY: Intation of height increase Intation showing eight not attained?	- Yes □ Yes wth charts	for a	No Is (()	Date obtaine s there documentatio genetic potential)? Is the member a fe gender? the previous year of Date obtaine	d:n of expected adult height emale AND bone age is <1 TX?	4 years?	□Yes □Yes	□No			
Is there docume Current height: Is there docume expected adult h Turner Syr Diagnosis of per associated with Height is below to Renewal R Is there docume Current height: Is there docume expected adult h Noonan Sy	ntation showing leight not attained? lidrome liatric growth failure Turner Syndrome? the 5th percentile on groequest ONLY: Intation of height increase Intation showing leight not attained? Indrome	Yes Yes With charts e by at lea Yes	ss for a	No Is (ge AND ge	Date obtaine s there documentatio genetic potential)? Is the member a fe gender? The previous year of Date obtaine s there documentatio genetic potential)?	d:n of expected adult height emale AND bone age is <1 TX? d:n of expected adult height	4 years?	□Yes □Yes □Yes	□No □No			
Is there docume Current height: Is there docume expected adult h Turner Syr Diagnosis of per associated with Height is below to Renewal R Is there docume Current height: Is there docume expected adult h Noonan Sy Is the member a years?	ntation showing leight not attained? Idrome liatric growth failure Turner Syndrome? The 5th percentile on groequest ONLY: Intation of height increase Intation showing leight not attained? Indrome In	☐ Yes ☐ Yes wth charts e by at lea ☐ Yes ☐ Yes	for a	No Is (ge AND ge AND ge AND ge AND ge M/yr over	Date obtaine s there documentatio genetic potential)? Is the member a fe gender? The previous year of Date obtaine s there documentatio genetic potential)? N/A Is the bone a	d:n of expected adult height emale AND bone age is <1 TX?	4 years?	☐ Yes ☐ Yes ☐ No	□ No □ No □ No			
Is there docume Current height: Is there docume expected adult h Turner Syr Diagnosis of per associated with Height is below to Renewal R Is there docume Current height: Is there docume expected adult h Noonan Sy Is the member a years?	ntation showing leight not attained? lidrome liatric growth failure Turner Syndrome? the 5th percentile on groequest ONLY: Intation of height increase Intation showing leight not attained? Indrome	☐ Yes ☐ Yes wth charts e by at lea ☐ Yes ☐ Yes	for a	No Is (ge AND ge AND ge AND ge AND ge M/yr over	Date obtaine s there documentatio genetic potential)? Is the member a fe gender? The previous year of Date obtaine s there documentatio genetic potential)? N/A Is the bone a	d:	4 years?	□Yes □Yes □Yes	□No □No			
Is there docume Current height: Is there docume expected adult h Turner Syr Diagnosis of per associated with Height is below to Renewal R Is there docume Current height: Is there docume expected adult h Noonan Sy Is the member a years?	ntation showing leight not attained? Indrome Idiatric growth failure Turner Syndrome? The 5th percentile on groen station of height increase intation showing leight not attained? Indrome The 5th percentile on groen station showing leight not attained? The 5th percentile on groen station showing leight not attained? The 5th percentile on groen station showing leight not attained? The 5th percentile on groen station showing leight not attained?	☐ Yes ☐ Yes wth charts e by at lea ☐ Yes ☐ Yes	for a	No Is (ge AND ge AND ge AND ge AND ge M/yr over	Date obtaine s there documentatio genetic potential)? Is the member a fe gender? The previous year of Date obtaine s there documentatio genetic potential)? N/A Is the bone a	d:	4 years?	☐ Yes ☐ Yes ☐ No	□ No □ No □ No			
Is there docume Current height: Is there docume expected adult h Turner Syr Diagnosis of per associated with Height is below to Renewal R Is there docume Current height: Is there docume expected adult h Noonan Sy Is the member a years? Height is below to	ntation showing leight not attained? Indrome Idiatric growth failure Turner Syndrome? The 5th percentile on groen station of height increase intation showing leight not attained? Indrome The 5th percentile on groen station showing leight not attained? The 5th percentile on groen station showing leight not attained? The 5th percentile on groen station showing leight not attained? The 5th percentile on groen station showing leight not attained?	☐ Yes ☐ Yes wth charts e by at lea ☐ Yes ☐ Yes	for a	No Is (ge AND ge AND ge AND ge AND ge M/yr over	Date obtaine s there documentatio genetic potential)? Is the member a fe gender? The previous year of Date obtaine s there documentatio genetic potential)? N/A Is the bone a ender?	d:	4 years?	☐ Yes ☐ Yes ☐ No	□ No □ No □ No			
Is there docume Current height: Is there docume expected adult h Turner Syr Diagnosis of per associated with Height is below to Renewal R Is there docume Current height: Is there docume expected adult h Noonan Sy Is the member a years? Height is below to Current Height: Renewal R	ntation showing leight not attained? Indrome liatric growth failure Turner Syndrome? The 5th percentile on growth failure Intation of height increase Intation showing leight not attained? Indrome In	→ Yes With charts e by at lea — Yes With charts With charts	for a	No Is (9) Is No Is (9) Mo Is (9) No Is (9) Rege and general graduations in the control of th	Date obtaine s there documentatio genetic potential)? Is the member a fe gender? The previous year of Date obtaine s there documentatio genetic potential)? N/A Is the bone a ender? Date obtaine	d:	4 years?	☐ Yes ☐ Yes ☐ No	□ No □ No □ No			
Is there docume Current height: Is there docume expected adult h Turner Syr Diagnosis of per associated with Height is below to Renewal R Is there docume Current height: Is there docume expected adult h Noonan Sy Is the member a years? Height is below to Current Height: Renewal R	ntation showing leight not attained? Indrome liatric growth failure Turner Syndrome? The 5th percentile on growth failure Intation of height increase Intation showing leight not attained? Indrome In	→ Yes With charts e by at lea — Yes With charts With charts	for a	No Is (9) Is No Is (9) Mo Is (9) No Is (9) Rege and general graduations in the control of th	Date obtaine s there documentatio genetic potential)? Is the member a fe gender? the previous year of Date obtaine s there documentatio genetic potential)? Date obtaine s there documentatio genetic potential)? Date obtaine the previous year of	d:	4 years?	☐ Yes ☐ Yes ☐ No	□ No □ No □ No			

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expected adult height not attained?					(9	genetic	pot	ential)?						
□ Short Stature with SHOX Deficiency														
Is the diagnosis confirmed by genetic testing?														
Is the member a male with bone age years?	e < 16	□ Y	es [□ N	No [N/A		Is the membe bone age <14			□Y	es/	□ No	□ N/A
Current Height: Date obtained:														
□ Renewal Request ONLY:														
Is there documentation of height increase by at least 2cm/yr over the previous year of TX?											☐ Yes	□ No		
Current height:								btained:						
Is there documentation showing									al	☐ Yes	□ No			
expected adult height not attained? (genetic potential)? Growth Failure with Chronic Renal Insufficiency														
Growth Failure with Chronic Kenai insuπiciency														
Current Height:						Da	ite c	obtained:						
Is the member a male with bone age years?	e <16	□ Y	es [□ N	No [] N/A		Is the membe bone age <14			□Υ	'es	□ No	□ N/A
☐ Renewal Request ONLY:														
Is there documentation of height inc	rease b	y at leas	st 2cm	/yr o\	er the	previou	us y	ear of TX?						
Current height:								btained:						
Is there documentation showing expected adult height not attained?		☐ Yes		□ No		s there o genetic		umentation of	expect	ted adult he	eight go	al	☐ Yes	☐ No
☐ Growth Failure in Children Sr	nall fo	r Gestat	ional	Age	(9	Jeneuc	pot	ential):						
				<i>.</i> .9•		Do	+o o	htainad						
Current Height:								obtained:						
Diagnosis of small for gestational ag life using a 0-36-month growth chart	?	A) based	on de	emon	stratio	n of cato	ch-u	up growth failu	ıre in th	ne first 24 n	onths o	of	☐ Yes	□ No
Is member below the 3rd percentile for \square Yes \square No								umentation th				•	☐ Yes	□ No
gestational age (>2 standard deviations below population mean) for birth weight								rd percentile (ation mean)?	≥ 2 sta	ndard devi	ations			
AND length?	igrit				١	elow pc	opui	auon mean):						
☐ Renewal Request ONLY:					l l									
Is there documentation of height inc	rease b	y at leas	st 2cm	/yr o\	er the	previou	us y	ear of TX?					☐ Yes	□ No
Current height:								btained:						
Is there documentation showing expected adult height not attained?		☐ Yes	;	□N		s there o		umentation of ential)?	expect	ted adult he	ight go	al	☐ Yes	□ No
☐ Transition Phase Adolescent	Memb	ers			13	90	P • • • • • • • • • • • • • • • • • • •							
Does the dose exceed MAX limit of	0.3mg/	kg/wk?											☐ Yes	□ No
Is there documentation that member	attain	ed	□ Yes	<u>.</u> Тг	□ No	Is the	ere o	documentation	n of bo	ne radiogra	ph		☐ Yes	□ No
expected adult height?								closed epiphy		_	-			
Member is at high risk of GH		nbryopat	hic / c	onge	nital] Ge	enetic mutatio	ns				es of the fo	llowing
deficiency due to childhood-onset from ONE of the following:	defec									anterior □ FS	pituitar H / LH	y nor	mones:	
rrom ONE of the following: □ Irreversible structura hypothalamic-pituitary					20000		☐ Panhypopituitarism			□ TSH				
	пурог	IIalallilo	·pituita	ary us	sease					□ AC	TH			
											olactin			
Is IGF-1/Somatomedin-C level below gender adjusted normal range as prophysician's lab?			□ Yes		□ No	level'		ember have a	low IG	F-1/Somato	medin	С	☐ Yes	□ No
☐ Member has stopped GH thera	py for a	at least C	NE		Insulir	า Tolera	nce	e Test:		Glucagon:		<u>Arg</u>	<u>inine</u> :	1
month AND undergone ONE pr					□ ≤5 i	ng/ml				□ ≤3 ng/ml	=	□≤	≤0.4 ng/mL	-
confirming transition phase GH	deficie	ncy ANI	ONE			ne + Gŀ								
of the following peak values:						_		BMI is < 25 kg/						
□ ≤8 ng/mL if BMI ≥25 and <30 kg/m2														
Is the member at low risk of severe		7 V T						/II ≥30 kg/m2	2LI +h	ony for at 1	nact 1		□ V	
Is the member at low risk of severe GH deficiency (due to isolated and/or Has the member discontinued GH therapy for at least 1 month?									□ Yes	□ No				
idiopathic GH deficiency)?														
Has the member undergone ONE of	the fol	lowing C	SH stin	nulati	on tes	ts after			I GHI	RH & ARG		ARG	G G	lucagon

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D/C of therapy for at least	1 month?														
Is ITT ≤5mcg/L?	∕es □ No	Is G	Is GHRH and ARG ≤11 micg/L if BMI <25 KG/M2?								Yes		No		
Is GI				s GHRH and ARG ≤8 mcg/L if BMI ≥25 and <30 kg/m2?										No	
				s GHRH and ARG ≤4 mcg/L if BMI ≥30 kg/m2?										No	
Is glucagon ≤3 mcg/L? □ Is ARG ≤0.4mcg/L? □															
Is ARG ≤0.4mcg/L? ☐ Renewal Request O	Yes		No.												
Is there documentation supporting positive respons				anv							Тг	∃Yes		<u></u>	
(Increase in total lean bod					increa	ased I	GF-1 and IG	GFBP-3 lev	els)?			_ 103		10	
Request does not exceed	a MAX supply lim	nit of 0.3	mg/kg/wl	k?		П	Yes	1	 □ No				1		
☐ Adult Growth Hormo	<u> </u>														
Is there a diagnosis of childhood-onset GHD?				□No) Is	s there	a diagnosis	s of adult-c	nset GHD?			∃Yes		10	
Is there documentation su	pporting hormone)	□Yes	□No	5 V	Vas th	ere 1 GH sti	im test con	firming adul	lt GH		∃Yes	□N	10	
deficiency is due to hypoth							ncy (insulin t		_						
disease from organic or kr						glucago	on, arginine))?	T						
Member has ONE of the	Insulin tolerance	e test:	Arginin						Glucago			Arginine:			
following peak value tests:	□ ≤5 ng/ml			-			25 kg/m2		□ ≤3 ng/	mL		≤0.4 ng	/mL		
16313.				_			nd <30 kg/m	12							
In there deficiency of at least	ot 2 optorior pitu	iton	□ ≤4 n					andin C lay	ral ia balaur	aga AND	<u> </u>	¬V		1-	
Is there deficiency of at least hormones (FSH/LH, TSH,			□Yes	□NO	□No Is IGF-1/Somatomedin-C level is below age AND gender adjusted normal range as provided by physician's lab?							∃Yes		10	
Diagnosis of panhypopituit	tarism?		□Yes	□No			er has othe	r diagnosis	and will no	t use		∃Yes		10	
							n hormone i								
							nibitors or Androgens?								
Request does not exceed a maximum supply limit			☐ Yes	□No	0	Presc	ribed by an	Endocrinol	ogist?			∃Yes		No	
of 0.3 milligrams per kilogram per week?															
☐ Renewal Request O	in the ne	ct 12 m	ontho	62					1 -	¬V		la.			
Documentation of IGF-1/3	vei willi	iii iiie pa	51 12 111	OHUE	5 !						∃Yes		10		
Diagnosis of panhypopituit	tarism?		□Yes		No.	Member has other diagnosis and will not use						∃Yes	□N	10	
						growth	h hormone in COMBO with Aromatase								
							ors or Andro								
Request does not exceed of 0.3 milligrams per kilogr		ly limit	☐ Yes		No	Presci	ribed by an	Endocrinol	ogist?			∃Yes		No	
☐ HIV-Associated or V	<u> </u>	C	a bawia										1		
Has there been unintention				% over	the la	ast 12	months?				T	∃Yes		10	
								:0/ DOM	11: 0	1 0					
Has there been unintention of >7% over the last 6 more	0	□Yes	□No				been a loss of 5% BCM within 6 months?					□ Yes			
Is BMI <20 kg/m2? □Yes			□No	Is the member male with BCM<35% of total body weight and BMI <27 kg/m2?							□ Yes		No		
Is the member a female with BCM < 23% ☐ Yes of total body weight and BMI <27 kg/m2?			□No			s a nutritional evaluation completed since the onset of sting first occurred?						☐ Yes		No	
Was there weight loss as a result of other underlying treatable conditions? □Yes			□No	Wa		anti-re	nti-retroviral therapy optimized to decrease the					☐ Yes		No	
□ Renewal Request O				VII	ıı ıua(u:					L_		1		
•		arany e	uch [∃Yes		ılo	Was any o	of the targe	te or goale	such		Yes	□N		
Is there evidence of positive response to therapy, such as ≥2% increase in body weight and/or BCM? ☐ Short Bowel Syndrome					□Yes □No Was any of the targets or goals, such as weight, BCM, BMI achieved?							103	IN		
Is member currently receiv		utrition	Тг	∃Yes	□N	Jo I	Was 4 wee	eks of treat	ment with Z	orbtive	П,	Yes	□N	0	
support (IV parenteral nutr				_ 100		•	previously					100	,	•	
supplements)?															
☐ Severe Primary IGF-	1 Deficiency / G	rowth F	lormone	Gene	Delet	tion									
current height:			-	curren	nt date	e:									
Is the height standard dev	iation score ≤-3.0	?									□ '	Yes	\square N	0	
Is the basal IGF-1 standar	d deviation score	≤ -3.0	Г	∃Yes	Тг	□No	Is there normal or elevated growth			th		Yes	□N	0	
					hormone levels?			.	_		_ '	-			

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Is there documentation of open epiphyses on last bone radiograph?	□Yes	□No	Will member be treated with concurrent growth hormone therapy?	☐ Yes	□ No
Is there a diagnosis of growth hormone gene deletion AN	D member d	l levelope		□Yes	□No
hormone?					
☐ Renewal Request ONLY:				•	1
Submission of documentation of height increase of at least	st 2cm/yr			☐ Yes	□ No
current height:					
Is there documentation showing expected adult height not attained?	☐ Yes	□ No	Is there documentation of expected adult height goal (genetic potential)?	☐ Yes	□ No
Additional information the prescribing provider feels	it medical re	ecords			
, tautional information the processing provider recip	io iiiiportaii		Total Trouble specify seriou of cusin		,00140
Signature affirms that information given on this form	is true and	accurat	e and reflects office notes.		
Describing Described Circuit					
Prescribing Provider's Signature:			Date:		

Please note: Incomplete forms or forms without the chart notes will be returned

Office notes, labs, and medical testing relevant to the request that show medical justification are required. Standard turnaround time is 24 hours. You can call 800-624-3879 to check the status of a request.

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