

Fax completed prior authorization request form to 855-247-3677 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**

Effective: 10/01/2024 C22938-A Page 1 of 5

	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	hy												
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? hormone													
☐ Levodopa ☐ Glucagon ☐ Insulin													
Age <1 year AND IGF-1 OR IGFBP-3 is below age AND gender adjusted normal range as provided by physician'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	J/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	L 110	years?	?		□ INO	□ N/A				
_	eed a MAX supply limit		es	□ No		er Stage 3 or greater AND		☐ Yes	□ No				
	of 0.3mg/kg/wk? does NOT exceed MAX supply limit of 0.7mg/kg/wk? Prader-Willi Syndrome												
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				
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	ntation showing eight not attained? Idrome liatric growth failure Turner Syndrome? the 5th percentile on groequest ONLY: Intation of height increase	☐ Yes☐ Yeswth charts	for a	No Is (()	Date obtaine s there documentatio genetic potential)? Is the member a fe gender? the previous year of Date obtaine s there documentatio	d:n of expected adult height emale AND bone age is <1	4 years?	□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	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 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)? 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 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)? Date obtaine s there documentatio genetic potential)? Date obtaine the previous year of	d:	4 years?	☐ Yes ☐ Yes ☐ No	□ No □ No □ No				

Effective: 10/01/2024 C22938-A Page 2 of 5

expected adult height not attained? (genetic potential)?														
□ 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 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									al	☐ Yes	□ No			
expected adult neight not attained? (genetic potential)? ☐ Growth Failure with Chronic Renal Insufficiency														
-														
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> .g-		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
				□ No							•	☐ Yes	□ No	
gestational age (>2 standard deviations					OR below 3rd percentile (≥ 2 standard deviations									
below population mean) for birth weight below population mean)?														
AND length? 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?					☐ 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> :	L
month AND undergone ONE pr												□≤	≤0.4 ng/mL	-
confirming transition phase GH	deficie	ncy ANI	ONE			ne + Gŀ								
of the following peak values:						_		BMI is < 25 kg/						
						_		/II ≥25 and <3	0 kg/m	2				
Is the member at low risk of severe		7 V T						/II ≥30 kg/m2	2U +b	ony for at 1	nact 1		□ V	
Is the member at low risk of severe GH deficiency (due to isolated and/or SH description of the member discontinued GH therapy for at least 1 Month?								ப res	□ 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

Effective: 10/01/2024 C22938-A Page 3 of 5

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 GHRH					IRH 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?									Yes		No			
Is glucagon ≤3 mcg/L? □ Is ARG ≤0.4mcg/L? □															
Is ARG ≤0.4mcg/L? ☐ Renewal Request O	Yes		No.												
Is there documentation su	e to thera	anv							Тг	∃Yes		<u></u>			
			ise capacity OR increased IGF-1 and IGFBP-3 levels)?								_ 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		gende	-1/Somaton er adjusted r cian's lab?			-		∃Yes		10	
Diagnosis of panhypopituit	tarism?		□Yes	□No			er has othe	r diagnosis	and will no	t use	□Yes	∃Yes		10	
							n hormone i								
							ors or Andro								
Request does not exceed		ly limit	☐ Yes	□No	0	Presc	ribed by an	Endocrinol	ogist?			∃Yes		No	
of 0.3 milligrams per kilogr	-														
☐ Renewal Request O		vol with	in the ne	ct 12 m	ontho	62					1 -	¬V		la.	
Documentation of IGF-1/3	omatomedin-C le	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	n hormone i	n COMBO							
							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?						y weight		□ Yes		No	
Is the member a female with BCM < 23% ☐Yes of total body weight and BMI <27 kg/m2?			□No				nal evaluation	al evaluation completed since the onset of curred?						No	
Was there weight loss as a underlying treatable conditions.	a result of other	□Yes	□No	Wa		anti-re	ti-retroviral therapy optimized to decrease the					☐ Yes		No	
□ Renewal Request O				VII	ıı ıua(u:					L_		1		
Is there evidence of positive		arany e	uch [∃Yes	□N	ılo	Was any o	of the targe	ts or goals,	such		Yes	□N		
as ≥2% increase in body v ☐ Short Bowel Syndro	veight and/or BCI		don [achieved?	34611		103			
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 received?				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	
		55		,	hormone le		- 9.011	.	_		_ '	-			

Effective: 10/01/2024 C22938-A Page 4 of 5

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: Submission of documentation of height increase of at least	at Combin				I D N -				
-	current o			☐ Yes	□ No				
current height:									
Is there documentation showing expected adult height	☐ Yes	□ No	Is there documentation of expected	☐ Yes	□ No				
not attained? Additional information the prescribing provider feels	ia imanautan	4 4 2 4 4 5 1 5	adult height goal (genetic potential)?	t madical w	a a wella				
Signature affirms that information given on this form is true and accurate and reflects office notes.									
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 800-564-5465 to check the status of a request.

Effective: 10/01/2024 C22938-A Page 5 of 5