

Continuation Growth Hormone Prior Authorization Form



Physicians Plus
INSURANCE CORPORATION

START HERE

**Member &
Prescriber
Information**

Member Name:	Prescriber Name:
	Prescriber Specialty:
Member Date of Birth:	Prescriber Phone #:
Member ID #:	Prescriber Fax #:

Criteria

Endocrinologist or nephrologist must be involved in request/care.

An approved Initiation PA form must already be on file prior to the review of the continuation request.

Provide legible copies of growth chart showing improvement and radiological reports.

Drug company supported programs do not replace this PA requirement.

Approval duration is 12 months — reauthorization required.

Diagnosis: GH deficiency Turner's Syndrome HIV with cachexia
 Prader-Willi Syndrome Other: _____

Children: All information must be provided

(Radiographic report may be requested if not already submitted)

Baseline growth rate (cm/yr): _____

First post-treatment period growth rate (cm/yr)¹: _____

Subsequent post-treatment period growth rates - list all annual rates (cm/yr)²: _____

Radiological evidence that the epiphyses have not yet closed (children > 10 years old)

¹ After the first post-treatment period, a doubling of growth rate required or a growth rate increase by >3 cm/yr.

² Growth rate must remain > 2.5 cm/yr.

Turner's Syndrome (all the criteria must be met)

- Bone age < 14 years old
- Growth velocity > 2.5 cm/yr. during most recent assessment period
- Current height not consistent or approximate with final expected height

Adults: Supply medical record documentation to support use

**Choose
Product**

- Norditropin:** 15mg/1.5ml 5mg/1.5ml
- Nutropin AQ:** 10mg/2ml 20mg/2ml
- Norditropin Nordiflex:** 15mg/1.5ml 10mg/1.5ml
- Genotropin:** 1.6mg/0.25ml 1mg/0.25ml .8mg/0.25ml 15u/ml 36u/ml
- Humatrope:** 12mg 6mg
- Other (specify name, form & strength):** _____

**Sign/Date &
Mail or Fax**

Prescriber Signature: _____ **Date:** _____

Prescriber NPI: _____

Mailing Address

Physicians Plus Insurance Corporation
Attn: Pharmacy Services
P.O. Box 2078
Madison WI 53701-2078

Physicians Plus Pharmacy Services Fax:

(608) 258-1905

Prior Authorization Questions?

(608) 260-7803 or (800) 545-5015 (ext. 7803)

www.pplusic.com/providers