

Initiation 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

Rx by endocrinologist or nephrologist .

NOT covered:

GH deficiency due to intracranial tumor; idiopathic short stature; familial short stature; constitutional delay; obesity or aging.

Growth chart showing at least 2 measurements per year.

Copies of GH stimulation test results.

Drug company supported programs do not replace this PA requirement.

Initial approval duration is 12 months.

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

Bone Age (children only; radiographic report may be requested at a later time)

GH deficiency and other (not required for HIV)	Turner's Syndrome
Date measured:	<input type="checkbox"/> Bone age < 14 years old
Normal bone age, mean ± SD:	Actual bone age:
Member actual bone age:	Date measured:
Growth Plate Status: <input type="checkbox"/> Open <input type="checkbox"/> Closed	

Height (children only)

- Less than 3rd percentile
 2 SD below mean for age and sex

Growth Velocity (children only)

- Less than 10th percentile
(tracked for more than one year)

GH Stimulation Testing and others (2 tests on separate days required)

- Children:** Both GH level results ≤ 10ng/ml
 Adults: Both GH level results ≤ 5ng/ml
 Adults: Both IGF levels < 80ng/ml
 Adults: 3 other pituitary hormone deficiencies (list): _____

**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)

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