

# PRIOR AUTHORIZATION REQUEST FORM

EOC ID:



EIC Growth Hormone Prior Auth Request Form

Phone: 866-250-2005 Fax back to: 877-503-7231

ENVISION RX OPTIONS manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

<b>Patient Name:</b> Member Number: Date of Birth: Group Number: Address: City, State, Zip: Member Phone:	<b>Prescriber Name:</b> Fax: Phone: Office Contact: NPI: State Lic ID: Address: City, State, Zip:
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Drug Name: Expedited/Urgent

Directions:

<p><b>Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign:</b></p> <p>Q1. Please indicate the medication for the prior authorization request. Humatrope / HumatroPen Nutropin / Nutropin AQ Saizen</p> <p>Q2. Please indicate the diagnosis: Growth failure associated with chronic renal insufficiency. Growth failure in a child associated with Noonan syndrome. Growth failure in children associated with Prader-Willi syndrome. Growth failure associated with Turner syndrome in a patient who has open epiphyses. Growth failure in children caused by inadequate secretion of endogenous growth hormone (isolated growth hormone deficiency). Growth failure in children born small for gestational age (SGA) who fail to manifest catch-up growth by 2 years of age Growth failure in children with short stature born SGA with no catch-up growth by 2 to 4 years of age. Growth hormone deficiency in adults diagnosed as adult-onset due to pituitary tumor, craniopharyngioma, surgical damage, irradiation, trauma, Sheehan's syndrome, or autoimmune hypophysitis. Growth hormone deficiency in adults reconfirmed as childhood growth hormone deficiency by 2 pharmacologic stimulation tests for growth hormone response producing less than 5ng/ml serum growth hormone concentrations. Other Idiopathic short stature (non-growth hormone deficient short stature). Short stature homeobox-containing gene deficiency (SHOX) whose epiphyses are not closed. Wasting or cachexia associated with HIV. Short bowel-syndrome in patient 18 years or older receiving nutritional support. (using a max daily dose of 8mg)</p> <p>Q3. For medical necessity reviews, you must provide a unique peer-reviewed journal article to support your request for off-label use. Please attach any medical information that may support approval</p>
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**Patient Name:**

**Prescriber Name:**

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**Physician Signature**

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**Date**

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