

Health Partners Plans 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 (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

Patient Name:	Prescriber Name:	
Member Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Line of Business: <input type="checkbox"/> Medicare	NPI:	State Lic ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Primary Phone:	Specialty/facility name (if applicable):	

REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that applying the 72 hour standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Drug Name:	
Strength:	
Directions / SIG:	

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. Is this a continuation request?

- Yes. Pediatric - Go to 11
- Yes. Adult - Go to 14
- No - Go to 2

Q2. What is the member's diagnosis:

- Treatment of children with growth failure due to growth hormone deficiency (GHD) - Go to 3
- Short stature associated with Noonan Syndrome - Go to 4
- Short stature associated with Turner Syndrome - Go to 4
- Growth failure/short stature due to Prader-Willi Syndrome (PWS) - Go to 4
- Short stature born small for gestational age (SGA) with no catch-up growth by age 2 to 4 years - Go to 5
- Idiopathic Short Stature (ISS) - Go to 6
- Treatment of adults with either adult onset or childhood growth hormone deficiency (GHD) - Go to 7

Q3. Has the patient been diagnosed by an endocrinologist with growth failure due to growth hormone deficiency via clinical assessment of appropriate auxological findings documented and attached (such as growth chart, height, height velocity, chronological and bone age), AND at least one of the following:

- A) Subnormal response to at least 2 provocative growth hormone (GH) stimulation tests (resulting in peak GH levels less than 10 ng/mL), OR
- B) Subnormal response to at least one provocative GH stimulation test (resulting in peak GH level less than 10 ng/mL) AND subnormal insulin-like growth factor-1 (IGF-1) level, OR
- C) Subnormal IGF-1 level AND panhypopituitarism (defined as deficiencies of at least 3 other pituitary hormones), pituitary disease, hypothalamic disease, hypothalamic/pituitary surgery, radiation therapy, or trauma?

Documentation must be attached.

If Yes, go to 17.

- Yes
- No

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Q4. Has the patient been diagnosed by an endocrinologist with short stature associated with any of the following syndromes: Noonan syndrome, Turner syndrome, Prader-Willi syndrome (PWS)?

Must submit the following:

- A) Appropriate genetic test to confirm specific syndrome diagnosed, AND
- B) Assessment of characteristic clinical manifestations consistent with the specific syndrome.

If Yes, go to 17.

Yes

No

Q5. Has the patient been diagnosed by an endocrinologist with short stature due to being born small for gestational age (SGA) with no catch-up growth by age 2 to 4 years?

Must submit documentation of diagnosis.

If Yes, go to 17.

Yes

No

Q6. Has the patient been diagnosed by an endocrinologist with idiopathic short stature (ISS)?

Must submit the following:

- A) Documentation of a height standard deviation score (SDS) less than -2.25 and associated with growth rates unlikely to allow one to reach normal adult height, AND
- B) Documentation of growth chart, growth potential, impaired height velocity for age group, and bone age.

If Yes, go to 17.

Yes

No

Q7. Has the patient been diagnosed by an endocrinologist with adult growth hormone deficiency (GHD)?

Yes

No

Q8. Is the diagnosis of adult growth hormone deficiency (GHD) a result of childhood-onset GHD due to organic disease or as a result of panhypopituitarism, hypothalamic or pituitary surgery, hypothalamic or pituitary disease, radiation therapy, or trauma?

Must attach documentation.

Yes

No

Q9. Has the diagnosis of adult growth hormone deficiency (GHD) been confirmed with a subnormal serum insulin-like growth factor-1 (IGF-1) while off growth hormone or prior to starting growth hormone therapy?

If yes, please attach documentation.

Yes

No

Q10. If the insulin-like growth factor-1 (IGF-1) value is questionable or uncertain, has adult growth hormone deficiency (GHD) been confirmed before replacement therapy is started, including subnormal provocative growth hormone stimulation tests while off growth hormone therapy for at least 1 month?

Must attach documentation.

Go to 17.

Yes

No

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Q11. Is documentation attached including the growth chart, height velocity, chronological age, bone age (if available), growth rate, and insulin-like growth factor-1 (IGF-1) level? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q12. Is there documentation of continued linear growth, linear potential remaining, and/or open epiphyses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q13. Has the patient experienced an age appropriate annualized growth rate while on growth hormone therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q14. Has the patient tolerated the medication without any significant side effects? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q15. Given growth hormone therapy, is the patient's serum insulin-like growth factor-1 (IGF-1) concentration normal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q16. Is there a plan to increase or decrease the dose of growth hormone until the serum insulin-like growth factor-1 (IGF-1) concentration is normal <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q17. Additional Information:	
Q18. Duration: <input type="checkbox"/> 12 months	

 Prescriber Signature

 Date

2022 Medicare Prior Authorization Request