US Family Health Plan
Prior Authorization Request Form
for **Growth Hormone**

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) US Family Health Plan Pharmacy Program. US Family Health Plan is a TRICARE contractor for DoD.

The completed form may be **faxed** to **617-562-5296**

OR

The patient may attach the completed form to the prescription and **mail** it to:
Attn: Pharmacy, 77 Warren St, Brighton, MA 02135

QUESTIONS? **Call 1-877-880-7007**

Prior authorization expires after one year.

Step 1 **Please complete patient and physician information** (Please Print)

Patient Name: ______________________ Physician Name: ______________________
Address: ______________________ Address: ______________________
______________________ ______________________
Sponsor ID# ______________________ Phone #: ______________________
Date of Birth: Secure Fax #: ______________________

Step 2

Please indicate the specific product for which prior authorization is requested: ______________________
The DoD step preferred (formulary) growth hormone product is Norditropin FlexPro. Zomacton, and Omnitrope are formulary but non – step preferred. Non – formulary growth hormone products: Genotropin, Humatrope, Nutropin AQ NuSpin, Nutropin AQ Pen, Serostim, Zorbtive, and Saizen.

Step 3 **Please complete the clinical assessment**

Question	Yes	No
1. Is the patient a child less than 18 years of age?	☐ Yes Proceed to question 2	☐ No Proceed to question 5
2. Is the patient a child with one of the following conditions? ☐ Growth Hormone Deficiency ☐ Prader-Willi Syndrome (in patients with a negative sleep study for obstructive sleep apnea) ☐ Turner Syndrome ☐ Short stature homeobox gene (ShoX) gene mutation ☐ Noonan's Syndrome ☐ Chronic renal insufficiency associated with growth failure ☐ Small for gestational age	☐ Yes Proceed to question 4	☐ No Proceed to question 3
3. For patients younger than 18 years of age who do not have one of the indications mentioned above, please provide the diagnosis.	______________________ **STOP** Coverage not approved	
4. Is the prescription written by or in consultation with a pediatric endocrinologist or nephrologist who recommends therapeutic intervention and will manage treatment?	☐ Yes Proceed to question 8	☐ No **STOP** Coverage not approved
5. Is the patient an adult with growth hormone deficiency as a result of pituitary disease, hypothalamic disease, trauma, surgery, or radiation therapy, acquired as an adult or diagnosed during childhood?	☐ Yes Proceed to question 7	☐ No Proceed to question 6
6. Does the patient have HIV/AIDS wasting/cachexia or Short Bowel Syndrome?	☐ Yes Proceed to question 7	☐ No **STOP** Coverage not approved

7. Is the prescription written by or in consultation with an appropriate specialist (endocrinologist, infectious disease specialist, general surgeon, or gastroenterologist)?	☐ Yes Proceed to question 8	☐ No **STOP** Coverage not approved
8. Which medication is being requested?	☐ Norditropin FlexPro - **Sign and date below** ☐ Genotropin, Humatrope, Nutropin AQ Nuspin, Saizen, Zorbtive, Serostim, Omnitrope, or Zomacton – **Proceed to Question 9**	
9. Does the patient have a contraindication to Norditropin FlexPro?	☐ Yes **Sign and date below**	☐ No Proceed to question 10
10. Has the patient experienced an adverse reaction to Norditropin FlexPro that is not expected with the non-step preferred product (Genotropin, Humatrope, Nutropin AQ, Nuspin, Saizen, Zorbtive, Omnitrope or Zomacton)?	☐ Yes **Sign and date below**	☐ No **STOP** Coverage not approved

Please note that use of a Growth Stimulating Agent is not approved for the following: idiopathic short stature, the normal ageing process, obesity, or depression, other off-label uses (e.g., non-alcoholic fatty liver disease, cirrhosis, mild cognitive impairment, etc.) or concomitant use of multiple Growth Stimulating Agents.

Step 4

I certify that the above is correct to the best of my knowledge (Please sign and date):

Prescriber Signature ____________________ Date ________

[07 November 2018]