

**FORWARDHEALTH
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)
FOR GROWTH HORMONE DRUGS**

Instructions: Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Growth Hormone Drugs Completion Instructions, F-11092A. Providers may refer to the Forms page of the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage for the completion instructions.

Pharmacy providers are required to have a completed Prior Authorization/Preferred Drug List (PA/PDL) for Growth Hormone Drugs form signed by the prescriber before calling the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or submitting a PA request on the Portal or on paper. Providers may call Provider Services at (800) 947-9627 with questions.

SECTION I — MEMBER INFORMATION

1. Name — Member (Last, First, Middle Initial)

2. Member Identification Number

3. Date of Birth — Member

SECTION II — PRESCRIPTION INFORMATION

4. Drug Name

5. Drug Strength

6. Date Prescription Written

7. Refills

8. Directions for Use

9. Name — Prescriber

10. National Provider Identifier (NPI) — Prescriber

11. Address — Prescriber (Street, City, State, ZIP+4 Code)

12. Telephone Number — Prescriber

SECTION III — CLINICAL INFORMATION

13. Diagnosis Code and Description

Complete the appropriate section of this form:

- Prior authorization requests for growth hormone drugs (except Serostim or Zorbtive): complete Section III A only.
- Prior authorization requests for Serostim: complete Section III B only.
- Prior authorization requests for Zorbtive: Complete Section III C only.

SECTION III A — CLINICAL INFORMATION FOR GROWTH HORMONE DRUGS (EXCEPT SEROSTIM OR ZORBITIVE)

14. Is the drug requested a preferred growth hormone drug? Yes No

If the drug is a non-preferred growth hormone drug, describe the reason for the request in the space provided.

15. Is the member 17 years of age or younger? Yes No

Continued



SECTION III A — CLINICAL INFORMATION FOR GROWTH HORMONE DRUGS (EXCEPT SEROSTIM OR ZORBTIVE)
(Continued)

16. Is the prescription for the growth hormone drug written by an endocrinologist or through an endocrinology consultation? Yes No
17. Indicate whether or not growth hormone will be used for each of the following congenital conditions.
- | | | |
|--|------------------------------|-----------------------------|
| 1. Noonan's syndrome. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Prader Willi syndrome. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Short stature homeobox-containing gene (SHOX) deficiency. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Turner syndrome. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Note: Prior authorization requests for medical conditions not listed above are not available through STAT-PA.

18. If growth hormone will not be used for one of the congenital conditions listed in Element 17, indicate the medical condition that is being treated in the space provided.
- _____
- _____

Prescribers should include detailed documentation of the medical work-up and testing used to determine the need for growth hormone treatment. Detailed documentation of the medical work-up and testing includes, at a minimum:

- Medical office notes.
- Growth charts (including growth rate, growth percentiles and Z-scores) (pediatric only).
- Lab testing.

Additional required documentation to be submitted with the PA request when applicable includes the following:

- Bone age results.
- Growth plate results.
- Other image results.
- Growth hormone stimulation results.

19. Does the member have a recent stimulated response growth hormone test? Yes No

Indicate the type and results of the most recent stimulated response growth hormone test.

- | | | | |
|--|-------------|------------|----------------------------------|
| 1. <input type="checkbox"/> Arginine | Month _____ | Year _____ | Peak response result _____ ng/mL |
| 2. <input type="checkbox"/> Clonidine | Month _____ | Year _____ | Peak response result _____ ng/mL |
| 3. <input type="checkbox"/> Glucagon | Month _____ | Year _____ | Peak response result _____ ng/mL |
| 4. <input type="checkbox"/> Insulin | Month _____ | Year _____ | Peak response result _____ ng/mL |
| 5. <input type="checkbox"/> Other: _____ | Month _____ | Year _____ | Peak response result _____ ng/mL |
| 6. <input type="checkbox"/> Other: _____ | Month _____ | Year _____ | Peak response result _____ ng/mL |
| 7. <input type="checkbox"/> Other: _____ | Month _____ | Year _____ | Peak response result _____ ng/mL |

Growth hormone stimulation testing should be conducted after an overnight fast, using a well-standardized protocol. Complete testing results must be included with the PA request. The testing results must include the type of stimulation test and the dose of stimulating agent, a copy of the medical notes during the entire testing procedure, the time and results from each blood sample taken, and the provider interpretation of the testing results.

SECTION III B — CLINICAL INFORMATION FOR SEROSTIM ONLY

20. Does the member have a diagnosis of Acquired Immune Deficiency Syndrome (AIDS) wasting disease or cachexia? Yes No

SECTION III C — CLINICAL INFORMATION FOR ZORBTIVE ONLY

21. Does the member have a diagnosis of short bowel syndrome with dependence on parenteral nutrition? Yes No

Continued

SECTION IV — AUTHORIZED SIGNATURE

22. SIGNATURE — Prescriber

23. Date Signed

SECTION V — FOR PHARMACY PROVIDERS USING STAT-PA

24. National Drug Code (11 Digits)

25. Days' Supply Requested (Up to 365 Days)

26. NPI

27. Date of Service (MM/DD/CCYY) (For STAT-PA requests, the date of service may be up to 31 days in the future and / or up to 14 days in the past.)

28. Place of Service

29. Assigned PA Number

30. Grant Date

31. Expiration Date

32. Number of Days Approved

SECTION VI — ADDITIONAL INFORMATION

33. Include any additional information in the space below. Additional diagnostic and clinical information explaining the need for the drug requested may also be included here.
