



Fax completed prior authorization request form to 855-799-2551 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts.

Aetna Better Health®

All requested data must be provided. **Incomplete forms or forms without the chart notes will be returned**

Pharmacy Coverage Guidelines are available at [www.aetnabetterhealth.com/michigan/providers/medicaid/pharmacy](http://www.aetnabetterhealth.com/michigan/providers/medicaid/pharmacy)

## Growth Hormones Pharmacy Prior Authorization Request Form

Do not copy for future use. Forms are updated frequently.

**REQUIRED: Office notes, labs and medical testing relevant to request showing medical justification are required to support diagnosis**

Member Information					
Member Name (first & last):		Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Member ID:		City:		State:	
				Height:	
				Weight:	
Prescribing Provider Information					
Provider Name (first & last):		Specialty:		NPI#	
Office Address:		City:		State:	
				Zip Code:	
Office Contact:		Office Phone		Office Fax:	
Dispensing Pharmacy Information					
Pharmacy Name:		Pharmacy Phone:		Pharmacy Fax:	
Requested Medication Information					
<input type="checkbox"/> Genotropin	<input type="checkbox"/> Norditropin Flexpro	<input type="checkbox"/> Norditropin	<input type="checkbox"/> Nutropin AQ	<input type="checkbox"/> Humatrope	
<input type="checkbox"/> Omnitrope	<input type="checkbox"/> Saizen	<input type="checkbox"/> Serostim	<input type="checkbox"/> Skytrofa	<input type="checkbox"/> Zomatcon	<input type="checkbox"/> Zorbtive
<input type="checkbox"/> Other, please specify:					
Medication request is NOT for an FDA approved, or compendia-supported diagnosis (circle one):    Yes    No			ICD-10 Code:		Diagnosis:
What medication(s) have been tried and failed for diagnosis? (please specify):					
Does the member have an allergy to the inactive ingredients in the preferred medications?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Directions for Use:		Strength:		Dosage Form:	
		Quantity:	Day Supply:	Duration of Therapy/Use:	
Turn-Around Time for Review					
<input type="checkbox"/> Standard – (24 hours)		<input type="checkbox"/> <b>Urgent</b> – If waiting 24 hours for a standard decision could seriously harm life, health, or ability to regain maximum function, you can ask for an expedited decision. Signature: _____			
Clinical Information (select one of the following diagnoses)					
<b>Panhypopituitarism:</b>	<input type="checkbox"/> Cachexia, pituitary	<input type="checkbox"/> Necrosis of pituitary (postpartum)	<input type="checkbox"/> Pituitary insufficiency NOS	<input type="checkbox"/> Sheehan's syndrome	<input type="checkbox"/> Simmond's disease
<b>Pituitary dwarfism:</b>	<input type="checkbox"/> Isolated deficiency of (human) growth hormone [HGH]			<input type="checkbox"/> Lorain-Levi dwarfism)	
<b>Endocrine disorders – Other specified endocrine disorders:</b>	<input type="checkbox"/> Pineal gland dysfunction		<input type="checkbox"/> Progeria		<input type="checkbox"/> Werner's syndrome
<b>Intermediate sex and pseudohermaphroditism:</b>	<input type="checkbox"/> Gynandris	<input type="checkbox"/> Hermaphroditism	<input type="checkbox"/> Ovotestis	<input type="checkbox"/> Pseudohermaphroditism (male, female)	<input type="checkbox"/> Pure gonadal dysgenesis
<b>Gonadal dysgenesis:</b>	<input type="checkbox"/> Turner's Syndrome (female only)		<input type="checkbox"/> XO syndrome		<input type="checkbox"/> Ovarian dysgenesis
<input type="checkbox"/> Prader-Willi Syndrome (Genotropin and	<input type="checkbox"/> CKD – stage 1, 2 or 3 (Nutropin only)		<input type="checkbox"/> CKD – stage 4 or 5		<input type="checkbox"/> SHOX (Humatrope only)

<b>Norditropin Flexpro only)</b>				
<input type="checkbox"/> <b>Idiopathic Short Stature (Requires submission of medical records)</b>				
<b>Growth Hormone Stimulation Testing</b>				
<b>Pituitary Dwarfism:</b>	<input type="checkbox"/> Member failed two kinds of growth hormone stimulation testing (required for all members)	<input type="checkbox"/> Member is an adolescent with closed epiphyseal growth plates or an adult	<input type="checkbox"/> Testing was done after growth hormone therapy has been suspended at least 3 months	
Are the kinds of stimulation tests performed, the result (lab value), reference range and date attached with the request?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Bone Age X-Rays (required regardless of diagnosis, but not for adults; x-ray does not have to be performed within a specific time frame)</b>				
For pediatric members: is the bone x-ray report attached (unless the prescriber is a pediatric endocrinologist)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
For adolescent members (13 to 19 years of age): is the bone x-ray report attached (unless the prescriber is a pediatric endocrinologist)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
For adolescent members (13 to 19 years of age): have the epiphyseal growth plates closed?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NOTE:</b> Requests that do not meet clinical criteria will require further review and must include the patient's diagnosis including ICD-10, if available. Growth charts should be provided, if available, at time of review (ensure that the correct chart is being submitted based on the patient's age – for example, 0–3 vs 2–20) in addition to documentation of small for gestational age at birth, if appropriate.				
<b>Additional information the prescribing provider feels is important to this review. Please specify below or submit medical records</b>				
<b>Signature affirms that information given on this form is true and accurate and reflects office notes.</b>				
Prescribing Provider's Signature: _____				Date: _____

**Please note: Incomplete forms or forms without the chart notes will be returned**

Office notes, labs, and medical testing relevant to the request that show medical justification are required  
Standard turnaround time is 24 hours. You can call 855-300-5528 to check the status of a request.