

Aetna Better Health® of Florida (MEDICAID)

## Human Growth Hormone

Preferred (with maximum age limit of 16 years): Genotropin, Ngenla,

Norditropin

Non-Preferred: Humatrope, Nutropin, Omnitrope, Saizen, Skytrofa, Sogroya,

Zomacton

Note: Form must be completed in full. An incomplete form may be returned.

Recipie	ent's	Medi	caio	d ID	#						Dat	e of	Birt	h (M	M/D	D/Y	YYY	)										
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Height:					in o	r				cn	n	Weig	ght:				lbs	s or				kg	BN	II:			kg/n	n²
Date las					_								_									_					_	
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Recipient's Full Name							-,							
Date of Birth (MM/DD/Y)	(YY)	1 L	• •				·		<u> </u>	- I				
Fill in all related test res must be submitted. (If th							-	-			-			s)
Growth Velocity:	(SD) and		(cm/yea	r) Bone A	ge:		(ye	ar) <b>He</b>	ight:			(	(%)	
Growth Plate: 🗌 C	open or	Closed												
Mid-Parental Height:	[(fathe	er's heigh	nt + moth	ner's height	) ÷ 2, j	plus 2.5	inche	es (male	e) or m	inus :	2.5 ind	ches	(fema	ale)]
Providers must correct	for Thyroid Stim	ulating H	lormone	e (TSH) de	ficienc	cy prior	to co	onducti	ng a s	timu	lation	test:		
TSH:	mU/L Nor	rmal Ran	ige:					_ Date	:					
TSH: Stimulation Testing: (Co Test (ITT). Levodopa and	pies of official tes	t results .	must be	,	-		l stim	_		the Ir	isulin <sup>-</sup>	Tolera	ance	
Stimulation Testing: (Co	pies of official tes	<i>t results i</i> t adequa	must be	s for adult t	esting			ulation	test is t				ance	
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REQUIRED FOR REVIEW: All copies of medical records (e.g., diagnostic evaluations and recent chart notes), and the most recent copies of related labs. The provider must retain copies of all documentation for five years.

Fax completed prior authorization request form to Aetna Better Health of Florida at 855-799-2554 or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts. **Confidentiality Notice:** The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender (via return fax) immediately and arrange for the return or destruction of these documents. Distribution, reproduction or any other use of this transmission by any party other than the intended recipient is strictly prohibited.