



Aetna Better Health® of Florida (MEDICAID)

Human Growth Hormone

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

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

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

Recipient's Medicaid ID #

Grid for Medicaid ID #

Date of Birth (MM/DD/YYYY)

Grid for Date of Birth

Recipient's Full Name

Grid for Recipient's Full Name

Prescriber's Full Name

Grid for Prescriber's Full Name

Prescriber's NPI

Grid for Prescriber's NPI

Prescriber Phone Number

Grid for Prescriber Phone Number

Prescriber Fax Number

Grid for Prescriber Fax Number

Drug: \_\_\_\_\_ Quantity: \_\_\_\_\_ Dosage Frequency: \_\_\_\_\_

Height: \_\_\_\_\_ in or \_\_\_\_\_ cm Weight: \_\_\_\_\_ lbs or \_\_\_\_\_ kg BMI: \_\_\_\_\_ kg/m2

Date last seen by the prescribing endocrinologist: \_\_\_\_\_

Diagnosis: (Please check all that apply and submit progress notes.)

- Documented growth hormone (GH) deficiency (treated by a board certified endocrinologists)
Lowered growth hormone levels secondary to the normal aging process, obesity or depression?
Growth hormone deficiency due to pituitary disease, hypothalamic disease, trauma, surgery, radiation therapy, acquisition as an adult or diagnosis during childhood?
Acquired Immunodeficiency Syndrome (AIDS) wasting or cachexia? (Please submit Human Growth for HIV Wasting in Adults (Serostim) Form)
Other: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_
Treatment of short bowel syndrome in patient receiving specialized nutrition support (Zorbtive®)
Date Therapy Initiated: \_\_\_\_\_ (Authorization will consist of one four-week course of therapy.)

