Jefferson Health Plans

2024 PRIOR AUTHORIZATION REQUEST FORM
Individual and Family Plans

Growth Hormones

Fax back to: (833) 605-4407
Phone: (215) 991-4300

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

Patient Name:	**Prescriber Name:**
Member Number:	Fax: Phone:
Date of Birth:	Office Contact:
Line of Business: □ Exchange - PA	NPI: State Lic ID:
Address:	Address:
City, State ZIP:	City, State ZIP:
Primary Phone:	**Specialty/facility name (if applicable):**

☐ REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Drug Name:	
Strength:	
Directions / SIG:	

Please attach any pertinent medical history including labs and information for this member that may support approval.
Please answer the following questions and sign.

Q1. Is this an initial or continuation request?

☐ Initial ☐ Continuation

Q2. What is the diagnosis?

☐ Pediatric GH Deficiency – go to 3
☐ Small for Gestational Age – go to 5
☐ Turner Syndrome – go to 6
☐ Growth Failure Associated with Chronic Kidney Disease (CKD), Cerebral Palsy, Congenital Adrenal Hyperplasia, Cystic Fibrosis, and Russell-Silver Syndrome – go to 7
☐ Prader-Willi Syndrome – go to 8
☐ Noonan Syndrome – go to 9
☐ Short Stature Homeobox-Containing Gene Deficiency – go to 10
☐ Adult GH Deficiency – go to 11
☐ HIV-Associated Wasting/Cachexia – go to 16
☐ Short Bowel Syndrome – go to 17

Q3. For pediatric GH deficiency: Is the patient a neonate or was diagnosed with GH deficiency as a neonate? Must submit documentation and applicable labs to support the diagnosis of neonatal GH deficiency (e.g., hypoglycemia with random GH level, evidence of multiple pituitary hormone deficiency, chart notes, MRI results).

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☐ Yes ☐ No

Q4. For pediatric GH deficiency, please select ALL that apply. Must submit documentation and applicable labs.

☐ Patient has two pretreatment pharmacologic provocative GH tests with both results demonstrating a peak GH level < 10 ng/mL.

☐ Patient has a documented pituitary or CNS disorder and a pretreatment IGF-1 level > 2 standard deviations (SD) below the mean.

☐ For patients greater than or equal to 2.5 years of age at initiation of treatment, the pretreatment height is > 2 SD below the mean and growth velocity is slow.

☐ For patients greater than or equal to 2.5 years of age at initiation of treatment: Pretreatment height is > 2 SD below the mean and 1-year height velocity is > 1 SD below the mean.

☐ For patients less than or equal to 2.5 years of age at initiation of treatment: Pretreatment 1-year height velocity is > 2 SD below the mean.

☐ Epiphyses are open

Q5. For small for gestational age, select ALL that apply. Please submit documentation and applicable labs.

☐ Birth weight < 2500 g at gestational age > 37 weeks

☐ Birth weight or length less than 3rd percentile for gestational age

☐ Birth weight or length greater than or equal to 2 SD below the mean for gestational age

☐ Pretreatment age is greater than or equal to 2 years

☐ Patient failed to manifest catch-up growth by age 2 (i.e., pretreatment height > 2 SD below the mean)

☐ Epiphyses are open

Q6. For Turner syndrome, select ALL that apply. Please submit documentation and applicable labs.

☐ Diagnosis was confirmed by karyotyping.

☐ Patient's pretreatment height is less than the 5th percentile for age.

☐ Epiphyses are open.

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Q7. For growth failure associated with CKD, cerebral palsy, congenital adrenal hyperplasia, cystic fibrosis, and Russell-Silver Syndrome, please select ALL that apply. Please submit documentation and applicable labs.

☐ For patients < 2.5 years of age at initiation of treatment, the pretreatment height is > 2 SD below the mean and growth velocity is slow

☐ For patients greater than or equal to 2.5 years of age at initiation of treatment: Pretreatment height is > 2 SD below the mean and 1-year height velocity is > 1 SD below the mean.

☐ For patients greater than or equal to 2.5 years of age at initiation of treatment: Pretreatment 1-year height velocity is > 2 SD below the mean.

☐ Epiphyses are open.

Q8. For Prader-Willi Syndrome, has the diagnosis been confirmed by genetic testing demonstrating ANY of the following? Select ALL that apply. Please submit documentation and applicable labs.

☐ Deletion in the chromosomal 15q11.2-q13 region

☐ Maternal uniparental disomy in chromosome 15

☐ Imprinting defects, translocations, or inversions involving chromosome 15

Q9. For Noonan Syndrome, select ALL that apply to the patient. Please submit documentation and applicable labs.

☐ Pretreatment height is > 2 SD below the mean and 1-year height velocity is > 1 SD below the mean OR pretreatment 1-year height velocity is > 2 SD below the mean

☐ Epiphyses are open

Q10. For Short Stature Homeobox-Containing Gene Deficiency, select ALL that apply to the patient. Please submit documentation and applicable labs.

☐ The diagnosis of SHOX deficiency was confirmed by molecular or genetic analyses

☐ Pretreatment height is > 2 SD below the mean and 1-year height velocity is > 1 SD below the mean OR pretreatment 1-year height velocity is > 2 SD below the mean

☐ Epiphyses are open

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Q11. For adult GH deficiency, select ALL that apply. Must submit documentation and applicable labs.

☐ Patient has had 2 pretreatment pharmacologic provocative GH tests and both results demonstrated deficient GH responses defined as the following:
A) Insulin tolerance test (ITT) with a peak GH level less than or equal to 5 ng/mL
B) Macrilen with a peak GH level of < 2.8 ng/mL
C) Glucagon stimulation test with a peak GH level less than or equal to 3.0 ng/mL in patients with a body mass index (BMI) less than or equal to 30 kg/m2 and a high pretest probability of GHD (e.g., acquired structural abnormalities) OR a BMI < 25 kg/m2
D) Glucagon stimulation test with a peak GH level less than or equal to 1.0 ng/mL in patients with a BMI of greater than or equal to 25 kg/m2 and a low pretest probability of GHD (e.g., acquired structural abnormalities) OR a BMI > 30 kg/m2.

☐ Patient has a low pretreatment IGF-1 (between 0 to 2 SD below the mean for age and gender).

Q12. For adult GH deficiency, select ALL that apply. Please submit documentation and applicable labs.

☐ Patient has had 1 pretreatment pharmacologic provocative GH test that demonstrated deficient GH responses defined as one of the following:
A) Insulin tolerance test (ITT) with a peak GH level less than or equal to 5 ng/mL
B) Macrilen with a peak GH level of < 2.8 ng/mL
C) Glucagon stimulation test with a peak GH level less than or equal to 3.0 ng/mL in patients with a body mass index (BMI) = less than or equal to 30 kg/m2 and a high pretest probability of GHD (e.g., acquired structural abnormalities)

☐ Patient has a pretreatment IGF-1 level that is > 2 SD below the mean for age and gender

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Patient Name:	**Prescriber Name:**

OR a BMI < 25 kg/m2
D) Glucagon stimulation test with a peak GH level less than or equal to 1.0 ng/mL in patients with a BMI of greater than or equal to 25 kg/m2 and a low pretest probability of GHD (e.g., acquired structural abnormalities) OR a BMI > 30 kg/m2.

Q13. For adult GH deficiency, does the patient have organic hypothalamic-pituitary disease (e.g., suprasellar mass with previous surgery and cranial irradiation) with greater than or equal to 3 documented pituitary hormone deficiencies and a low pretreatment IGF-1 that is > 2 standard deviations below the mean for age and gender? Please submit documentation and applicable labs

☐ Yes ☐ No

Q14. For adult GH deficiency, does the patient have genetic or structural hypothalamic-pituitary defects? Please submit documentation and applicable labs.

☐ Yes ☐ No

Q15. For adult GH deficiency, does the patient have childhood-onset GH deficiency and a congenital abnormality of the CNS, hypothalamus or pituitary? Please submit documentation and applicable labs.

☐ Yes ☐ No

Q16. For HIV-associated wasting or cachexia, select ALL the criteria that applies to the patient. Please submit documentation and applicable labs.

☐ Patient has trialed and experienced a suboptimal response to alternative therapies (e.g., cyproheptadine, dronabinol, megestrol acetate or testosterone if hypogonadal) or contraindication or intolerance to alternative therapies

☐ Patient is currently on antiretroviral therapy

☐ BMI is < 18.5 kg/m2 prior to starting therapy with growth hormone

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Q17. For short bowel syndrome, does the patient depend on intravenous parenteral nutrition for nutritional support when GH will be used in conjunction with optimal management of SBS?

☐ Yes ☐ No

Q18. For continuation, what is the diagnosis:

☐ Pediatric GH Deficiency – go to 19
☐ Small for Gestational Age – go to 19
☐ Turner Syndrome – go to 19
☐ Growth Failure Associated with Chronic Kidney Disease (CKD), Cerebral Palsy, Congenital Adrenal Hyperplasia, Cystic Fibrosis, and Russell-Silver Syndrome – go to 19
☐ Prader-Willi Syndrome – go to 20
☐ Noonan Syndrome – go to 19
☐ Short Stature Homeobox-Containing Gene Deficiency – go to 19
☐ Adult GH Deficiency – go to 21
☐ HIV-Associated Wasting/Cachexia – go to 26

Q19. For Pediatric GH Deficiency, Turner Syndrome, Noonan Syndrome, CKD, SGA, SHOX deficiency, Congenital Adrenal Hyperplasia, Cerebral Palsy, Cystic Fibrosis, and Russell-Silver Syndrome, select ALL that apply to the patient. Please submit documentation and applicable labs.

☐ Epiphyses are open (confirmed by X-ray or X-ray is not available)
☐ Patient's growth rate is > 2 cm/year unless there is a documented clinical reason for lack of efficacy (e.g., on treatment less than 1 year, nearing final adult height/late stages of puberty)

Q20. For Prader-Willi Syndrome, has the patient's body composition and psychomotor function improved or stabilized in response to GH therapy?

☐ Yes ☐ No

Q21. For adult GH deficiency, select ALL that apply. Please submit documentation and applicable labs.

☐ Patient has had 2 pretreatment pharmacologic provocative GH tests and both results demonstrated deficient GH responses defined as the following:

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A) Insulin tolerance test (ITT) or another provocative GH test with a peak GH level less than or equal to 5 ng/mL
B) Macrilen with a peak GH level of < 2.8 ng/mL
C) Glucagon stimulation test with a peak GH level less than or equal to 3.0 ng/mL in patients with a body mass index (BMI) less than or equal to 30 kg/m2 and a high pretest probability of GHD (e.g., acquired structural abnormalities) OR a BMI < 25 kg/m2
D) Glucagon stimulation test with a peak GH level less than or equal to 1.0 ng/mL in patients with a BMI of greater or equal to 25 kg/m2 and a low pretest probability of GHD (e.g., acquired structural abnormalities) OR a BMI > 30 kg/m2.

☐ Patient has a low pretreatment IGF-1 (between 0 to 2 SD below the mean for age and gender).

☐ Current IGF-1 level is not elevated for age and gender.

Q22. For adult GH deficiency, select ALL that apply to the patient. Please submit documentation and applicable labs

☐ Patient has had 1 pretreatment pharmacologic provocative GH test that demonstrated deficient GH responses defined as one of the following:
A) Insulin tolerance test (ITT) or another provocative GH test with a peak GH level = 5 ng/mL
B) Macrilen with a peak GH level of < 2.8 ng/mL
C) Glucagon stimulation test with a peak GH level = less than or equal to 3.0 ng/mL in patients with a body mass index (BMI) = less than or equal to 30 kg/m2 and a high pretest probability of GHD (e.g., acquired structural abnormalities) OR a BMI < 25 kg/m2
D) Glucagon stimulation test with a peak GH level = less than or equal to 1.0 ng/mL in patients with a BMI of = greater than or equal to 25 kg/m2 and a low pretest probability of GHD (e.g., acquired structural abnormalities) OR a BMI > 30 kg/m2

☐ Patient has a pretreatment IGF-1 level that is > 2 SD below the mean for age and gender

☐ Current IGF-1 level is not elevated for age and gender

Q23. For adult GH deficiency, select ALL that apply to the patient. Please submit documentation and applicable labs.

☐ Patient has organic hypothalamic-pituitary disease (e.g., suprasellar mass with previous surgery and cranial irradiation) with greater than or equal to 3 documented pituitary hormone deficiencies and a low pretreatment IGF-1 that is

☐ Current IGF-1 level is not elevated for age and gender

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greater than 2 standard deviations below the mean for age and gender

Q24. Does the patient haves genetic or structural hypothalamic-pituitary defects and current IGF-1 level is not elevated for age and gender?

☐ Yes ☐ No

Q25. Does the patient haves childhood-onset GH deficiency and a congenital abnormality of the CNS, hypothalamus or pituitary and current IGF-1 level is not elevated for age and gender?

☐ Yes ☐ No

Q26. For HIV-associated wasting or cachexia, select ALL that apply to the patient. Please submit documentation and applicable labs.

☐ Patient is diagnosed with HIV-associated wasting/cachexia
☐ Patient is currently on antiretroviral therapy
☐ Patient is currently receiving treatment with growth hormone excluding obtainment as samples or via manufacturer's patient assistance programs
☐ Current BMI is < 27 kg/m2?

Q27. Additional Information:

☐ Yes ☐ No

Prescriber Signature

Date

2024 Prior Authorization Request