

## Growth Hormone: Adult 21 Years of Age and Older

### Member Information

1. Last Name: \_\_\_\_\_ 2. First Name: \_\_\_\_\_  
3. Trillium ID #: \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_ 5. Gender: \_\_\_\_\_

### Prescriber Information

1. Prescriber Name: \_\_\_\_\_ 2. NPI #: \_\_\_\_\_  
3. Requestor Name (Nurse/Office Staff): \_\_\_\_\_  
4. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
5. Phone #: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax #: \_\_\_\_\_

### Drug Information

1. Drug Name: \_\_\_\_\_ 2. Strength: \_\_\_\_\_ 3. Quantity per 30 Days: \_\_\_\_\_  
4. Length of Therapy (in Days):  up to 30 Days  60 Days  90 Days  120 Days  180 Days  365 Days

### Clinical Information

1. Diagnosis: \_\_\_\_\_  
**FOR NON-PREFERRED DRUGS: COMPLETE THIS SECTION AS WELL**  
2.  Failed two preferred drug(s). List preferred drugs failed: \_\_\_\_\_  
**OR** state reason why patient cannot try two preferred drugs: \_\_\_\_\_  
3. History of:  Turners Syndrome  Prader Willi Syndrome  Craniopharyngioma  Panhypopituitarism  
 Cranial Irradiation  MRI History of Hypopituitarism list:  
 Hypopituitarism  Chronic Renal Insufficiency  SGA with IUGR  
 Other: \_\_\_\_\_  
4. Was the member diagnosed as a child?  Yes  No  
5. Did the member have a height velocity < 25th Percentile for Bone Age.  Yes  No Height Velocity: \_\_\_\_\_  
6. Did the member have low serum levels of IGF-1 and IGFBP-3?  Yes  No IGF-1 Level: \_\_\_\_\_ IGFBP-3 Level: \_\_\_\_\_  
7. Did the member have other signs of hypopituitarism?  Yes  No List: \_\_\_\_\_  
8. Was the member an adequately nourished child with hypoglycemia and a low GH response to hypoglycemia?  
 Yes  No  
9. Was the member's height < 3rd percentile for chronological age?  Yes  No Height: \_\_\_\_\_ Percentile: \_\_\_\_\_  
10. Was birth weight and/or length more than 2 standard deviations below mean for gestational age with no catch up by age 2?  Yes  No  
11. Is the member currently being treated and diagnosed with GHD in childhood with a current low IGF-1?  
 Yes  No IGF-1 Level: \_\_\_\_\_  
12. Is the patient currently being treated and diagnosed with short stature in childhood with height > 2.25 standard deviations below mean for age, and bone age > 2 standard deviations below mean and low serum levels of IGF-1 and IGF-BP3?  Yes  No IGF-1 Level: \_\_\_\_\_ IGF-BP3 Level: \_\_\_\_\_  
13. IS GHD documented by a negative response to a GH stimulation test?  Yes  No  
Agent 1: \_\_\_\_\_ Agent 2: \_\_\_\_\_ Peak: \_\_\_\_\_ Ng/ml: \_\_\_\_\_  
14. Document cause of GHD (pituitary/hypothalamic disease, radiation, surgery, trauma): \_\_\_\_\_

### Zorbitive only:

15. Is there a history of short bowel syndrome in the last 2 years?  Yes  No

Signature of Prescriber: \_\_\_\_\_ Date: \_\_\_\_\_

**(Prescriber Signature Mandatory)**

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

**Fax this form to PerformRx at (833) 726-7628 or call Pharmacy PA Call Center: (855) 662-0277**