

Growth Hormone: Children Less than 21 Years of Age

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 list reason why member cannot try two preferred drugs: _____
3. History of: Turners Syndrome Prader Willi Syndrome Craniopharyngioma in the last 2 years
 Panhypopituitarism in the last 2 years Cranial Irradiation in the last 2 years
 MRI History of Hypopituitarism list: _____ Hypopituitarism
 Chronic Renal Insufficiency in the last 2 years SGA with IUGR Other: _____
4. Please check all that apply:
 Member has a height velocity < 25th Percentile for Bone Age. Height Velocity: _____
 Member has low serum levels of IGF-1 and IGFBP-3 IGF-1 Level: _____ IGFBP-3 Level: _____
 Member has other signs of hypopituitarism List: _____
 Member is an adequately nourished child with hypoglycemia and a low GH response to hypoglycemia
 Member's height is < 3rd percentile for chronological age Height: _____ Percentile: _____
 Birth weight and/or length more than 2 standard deviations below mean for gestational age with no catch up by age 2.
 History of GHD in the last 2 years. Is there a genetic cause? _____
 Stim testing? Agent 1: _____ Agent 2: _____ Peak: _____ Ng/ml
5. Is the epiphysis open (if member > 9 years old)? **Yes** **No**
6. Is the member diagnosed with unexplained short stature 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 IGFBP-3? **Yes** **No**
IGF-1 Level: _____ IGFBP-3 Level: _____
7. Is the member currently being treated? **Yes** **No**
a. Growth rate over previous year: _____ b. Has the member entered puberty? **Yes** **No**
8. Are IGF-1 and IGF-BP3 within age appropriate range? **Yes** **No** Results: _____
- Zorbitive only:**
9. Is there a history of short bowel syndrome in the last 2 years? **Yes** **No**
- Increlex only:**
10. Check all that apply:
 History of GH product in last year GH resistance is caused by mutation in GH receptor or post GH receptor signaling pathway
 Patient has IGF-1 gene defects GH gene deletions and patient has developed neutralizing antibodies to GH
 Patient ht < 3 SD < mean and IGF-1 level < 3 SD < Mean and normal or elevated GH levels.

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