

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): _____

Trillium Health Resources
Pharmacy Prior Approval Request for



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.