

## 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.