

**State of Maine Department of Health & Human Services
MaineCare/MEDEL Prior Authorization Form
GROWTH HORMONE CRITERIA (INCLUDING SEROSTIM)**

Phone: 1-888-445-0497

www.mainearepdl.org

Fax: 1-888-879-6938

Member ID #: _____ (NOT MEDICARE NUMBER)	Patient Name: _____	DOB: _____
Patient Address: _____		
Provider DEA: _____	Provider NPI: _____	
Provider Name: _____	Phone: _____	
Provider Address: _____	Fax: _____	
Pharmacy Name: _____	Rx Address: _____	Rx phone: _____
Provider must fill all information above. It must be legible, correct and complete or form will be returned.		
(Pharmacy use only):	NPI: _____	NABP: _____ NDC: _____

***Genotropin & Norditropin preferred but require a clinical PA to establish diagnosis and medical necessity.**

<u>Drug Name</u>	<u>Strength</u>	<u>Dosage Instructions</u>	<u>Quantity</u>	<u>Days Supply</u> <small>(34 retail / 90 mail order)</small>	<u>Refills</u>
_____	_____	_____	_____	_____	1 2 3 4 5

Medical Necessity Documentation:

Growth Failure in Adults:

- Adult with idiopathic GHD and ALL of the following
 1. Child presentation
 2. On continuous therapy since child
 3. Has clinical indication to continue GH

- AIDS wasting
Involuntary weight loss > 10% of pre-illness wt or BMI < 20
AND either of
 1. Chronic diarrhea or
 2. Chronic weakness and documented fever (30 days)
in absence of concurrent illness or other explanation

- Adult with GHD secondary to destructive pituitary lesion or in peri-pituitary or secondary to cranial radiation therapy or surgery or when all of the following are met:
 - a. Patient receiving full supplement of other deficient hormones AND
 - b. Patient has clinical features of somatotropin deficiency documented by
 - i. Severely decreased QOL using AGHDA questionnaire or
 - ii. Bone density of <1sd by WHO
 - iii. Decreased exercise tolerance and adverse cardiac risk profile
 - iv. Cardiac decompensation

- Other: _____

Growth Failure in Children:

- Severe IGF-1 Deficiency if:
(Iplex approvals based only on this criteria)
 1. Height SD ≤ -3.0
 2. Basal IGF-I SD ≤ -3.0
 3. Normal GH levels

- Growth retardation in children with CRF prior to renal transplant
 1. HT < 3% AND
 2. Growth velocity < 10%

- (XO) Turner Syndrome
Discontinue GH if:
 1. Increase in growth velocity is not ≥ 2cm/year after 1 year
 2. If BA ≥ 14 yrs female, 16 yrs male
 3. HT ≥ 3% for normal adult HT has not been achieved

- Children with Russel-Silver or Noonan Syndromes
- Severe short stature
 1. HT < 3% or > 2 SD below 50% AND
 2. Growth velocity < 10% over 1 year AND
 3. Lack of response to standard GH stim. Tests; < 10ng for insulin/L-dopa/arginine/clonidine/glucagons

Omnitrope (8)
Tev-Tropin (8)
Humatrope (8)
Increlex (8)
Saizen (8)

Pursuant to the MaineCare Benefits Manual, Chapter I, Section 1.16, The Department regards adequate clinical records as essential for the delivery of quality care, such comprehensive records are key documents for post payment review. Your authorization certifies that the above request is medically necessary, meets the MaineCare criteria for prior authorization, does not exceed the medical needs of the member and is supported in your medical records.

Provider Signature: _____ Date of Submission: _____

***MUST MATCH PROVIDER LISTED ABOVE**