# UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

## Growth Hormone (Children 0-18 years of age)

### Member Information (required)
- **Member Name:**
- **ID#:**
- **Date of Birth:**

### Provider Information (required)
- **Provider Name:**
- **NPI#:**
- **Contact Person:**
- **Office Phone:**
- **Office Fax:**

### Pharmacy Information:
- **Pharmacy Name:**
- **Pharmacy NPI:**
- **Pharmacy Phone:**
- **Pharmacy Fax:**

### Medication Information (required)
- **Medication Name:**
- **Strength:**
- **Dosage Form:**

### Directions for use:

All information to be legible, complete and correct or form will be returned.

**FAX DOCUMENTATION INCLUDING PROGRESS NOTES or UPDATED LETTER OF MEDICAL NECESSITY TO 855-828-4992**

## Criteria for Approval:

### Panhypopituitarism (Approved for ages 0-18):
- Therapy initiated prior to age 16
- Diagnosis of panhypopituitarism Chart Note Page #: ________________

### Turner Syndrome (Approved for ages 0-18):
- Therapy initiate prior to age 16
- Documented diagnosis of Turner syndrome Chart Note Page #: ________________

### Small Gestational Age (Request must be made before age 3; maximum covered time period is 2 years.)
- Diagnosis of small gestational age Chart Note Page #: ________________
- Child has normal GH blood levels (May have documented GH resistance)
- Chart Note Page #: ________________
- Must be under the care of or have extensive endocrinologist consultation
- A copy of the prescription signed by the physician must be submitted with application

### All other covered Diagnoses (Approved for ages 0-18):
- Endogenous growth hormone secretion of <10ng.ml after provocative stimulation **OR**
- Growth failure associated with documented chronic renal insufficiency up to the time of renal transplantation **OR**
- Long - term treatment of idiopathic short stature, also called non-growth hormone-deficient short stature, defined by height SDS (Standard Deviation) <2.25 (Humatrope) **OR**
- Treatment of short bowel syndrome in patients receiving specialized nutritional support
  - Therapy initiated prior to age 16
  - Physical Growth NCHS Percentiles Chart  height stature less than the 5th percentile for correct age & sex
  - Documented growth rate in centimeters for at least 6 months immediately before initiation of growth hormone treatment.
  - Prescribed by endocrinologist or with endocrinology consultation
- Diagnosis of **Prader Willi**, additional requirements are:
  - Must complete a sleep oximetry study
  - If the oximetry is abnormal, a full polysomnography study is required
  - GH is contraindicated in patients with sleep apnea and will result in a denial.

## Re-authorization Criteria:
- Copy of current prescription
- Patient’s current weight
- Treated growth rate must exceed untreated rate by 2cm/year (excluding patients being treated for small intestine gestational age)

### Initial Authorization: One year
### Re-authorization: Up to 1 year, varies by diagnosis