



**NC Medicaid and NC Health Choice  
Pharmacy Prior Approval Request for  
Growth Hormone – Children Less than 21 Years of Age**

**Beneficiary Information**

1. Beneficiary Last Name: \_\_\_\_\_ 2. First Name: \_\_\_\_\_  
3. Beneficiary ID #: \_\_\_\_\_ 4. Beneficiary Date of Birth: \_\_\_\_\_ 5. Beneficiary Gender: \_\_\_\_\_

**Prescriber Information**

6. Prescribing Provider NPI #: \_\_\_\_\_  
7. Requester Contact Information - Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext. \_\_\_\_\_

**Drug Information**

8. Drug Name: \_\_\_\_\_ 9. Strength: \_\_\_\_\_ 10. Quantity Per 30 Days: \_\_\_\_\_  
11. 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 AS BELOW.  
2.  Failed two preferred drug(s). List preferred drugs failed: \_\_\_\_\_  
2b. Or list reason why patient 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:  
 Patient has a height velocity < 25th Percentile for Bone Age. Height Velocity: \_\_\_\_\_  
 Patient has low serum levels of IGF-1 and IGFBP-3 IGF-1 Level: \_\_\_\_\_ IGFBP-3 Level: \_\_\_\_\_  
 Patient has other signs of hypopituitarism List: \_\_\_\_\_  
 Patient is an adequately nourished child with hypoglycemia and a low GH response to hypoglycemia  
 Patient'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 patient > 9 years old)?  Yes  No  
6. Is the patient 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 patient currently being treated?  Yes  No  
7a. Growth rate over previous year: \_\_\_\_\_ 7b. Has the patient 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.  
**Zorbitive only:**  
11. 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.