

- Preferred drug accepted. New verbal order authorized.
- Preferred drug rejected by physician.

***Health New England***  
***Medication Request Form (MRF) /Prescription Request***  
***Growth Hormone Adult***

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Contacted:
Physician:
Pharmacy:
Patient:

**Prior Authorization**

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Approved:
Quantity approved:
PA from and thru date:
PA #
Denied:
Returned:

**Instructions:**

This form is to be used by participating physicians and pharmacy providers to obtain coverage of Growth Hormone. Please complete this form and fax to ICORE Healthcare at **(866) 364-2673**. If you have any questions regarding this process, please contact ICORE Healthcare at **(800) 775-5138**.

**Medication Request Information (please complete each section of this form prior to transmittal):**

Patient Information (all required)		Physician Information (all required)	
<b>Patient Name:</b>		<b>Physician Name:</b>	
<b>Gender:</b>		<b>Specialty:</b>	
<b>Patient Cell Phone #: (    )    -</b>		<b>NPI#</b>	
<b>Patient HNE ID#:</b>		<b>HNE Provider #:</b>	
<b>Patient Date of Birth:</b>		<b>DEA #:</b>	
<b>Allergies:</b>		<b>Telephone #: (    )    -</b>	
		<b>Fax # (required): (    )    -</b>	
Drug Information			
<b>Preferred Drug:</b> <input type="checkbox"/> Norditropin			
<b>Requested Drug/Strength/Form:</b>			
<b>Dose, Directions, and length of treatment (please be specific):</b>		<b>Quantity (per month):</b>	<b>Refills:</b>
<b>Diagnosis:</b>		<b>Initial Request</b> <input type="checkbox"/>	
		<b>Renewal</b> <input type="checkbox"/>	
<b>Physician Signature:</b>		<b>Date:</b>	
<b>Renewal - For Continuation of Therapy:</b>		<b>For Initial Request - See Page 2</b>	
<input type="checkbox"/> Member has osteoporosis with an increased Bone Mineral Density (BMD) per DEXA scan or evidence of stable BMD when compared to pre-treatment value?			
<input type="checkbox"/> Member had at least two pituitary hormone deficiencies documented other than growth hormone, such as TSH (thyroid stimulating hormone), ACTH (Adrenocorticotrophic Hormone), Gonadotropins, and ADH (antidiuretic hormone)			

### Initial Request

**Check all that apply:**

- Growth Hormone (GH) Deficiency (GHD) due to a destructive lesion of the pituitary or peripituitary area or as a result of treatment, such as cranial irradiation, or surgery, or history of child-onset GHD proven by 2 GH provocative studies as a child
- Patient has one provocative stimulation test less than 5ng per ml.
- Patient is receiving full supplementation of deficient pituitary hormones?
- Patient has reduced bone mineral density (BMD) of greater than 1 standard deviation (SD) below the mean
- Patient has at least 2 pituitary hormone deficiencies (other than GH), such TSH (thyroid stimulating hormone), ACTH (Adrenocorticotrophic Hormone), Gonadotropins, and ADH (antidiuretic hormone)
- Abnormal anthropometric measurements(s) (waist-hip ratio, body mass index, height loss)
- Osteoporosis with reduced Bone Mineral Density (BMD) that is more than 1 standard deviation below the mean
- Adversely affected quality-of-life (e.g. impaired sense of well-being, insomnia)
- Patient does not have an active malignancy, benign intracranial hypertension, proliferative or pre-proliferative diabetic retinopathy, second or third trimester of pregnancy

**Aids related cachexia - check all that apply:**

- Documented HIV infection with serum antibodies to HIV-1?
- Unintentional weight loss of at least 10% of ideal body weight, or weigh an amount that indicated significant weight loss has occurred or body mass index (BMI) consistent with wasting?
- Failed to respond to a course of therapy with Megace, Marinol, anabolic steroids and/or thalidomide or treatment is contraindicated?
- Patient currently taking maximal antiretroviral therapy with no improvement to lean body mass, and has agreed to remain on medication, if appropriate, while taking GH?
- Patient able to achieve/sustain adequate oral intake?
- Second course of treatment?
- In patients with AIDS cachexia does the patient have any of the following:
  - Evidence of active malignancy (or tumor) except for Kaposi's sarcoma (KS)
  - Pregnant
  - Active opportunistic infection (OI)
  - Active chronic diarrhea or untreated/not evaluated malabsorption
  - Karnofsky score <60
  - Untreated or not previously evaluated diabetes mellitus, hypogonadism, hypoadrenalism, hypothyroidism if suggested by clinical findings