WellCare
Beyond Healthcare. A Better You.

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.
☐ Failed two preferred drug(s). List preferred drugs failed: _____
   Or list reason why patient cannot try two preferred drugs: _____

2. 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: _____
3. 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: _____
4. Is the epiphysis open (if patient > 9 years old)? ☐ **Yes** ☐ **No**
5. Is the patient diagnosed with unexplained short statue 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: _____
6. Is the patient currently being treated? ☐ **Yes** ☐ **No**
   6a. Growth rate over previous year: _____ b. Has the patient entered puberty? ☐ **Yes** ☐ **No**
7. Are IGF-1 and IGF-BP3 within age appropriate range? ☐ **Yes** ☐ **No** Results: _____
Zorbitive only: 8. Is there a history of short bowel syndrome in the last 2 years? ☐ **Yes** ☐ **No**
Increlex only: 9. Check all that apply:
   ☐ History of GH product in last year ☐ GH resistance is caused by mutation in GH receptor of 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:

14. 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.

Fax this form to **1-800-678-3189.** Pharmacy PA Call Center: **1-866-799-5318**