

TRICARE Prior Authorization Request Form for  
**Growth Hormone**



5566

To be completed and signed by the prescriber.



**MARTIN'S POINT<sup>®</sup>**  
HEALTHCARE

**Clinical Documentation must accompany form in  
order for a determination to be made.**

Please fax completed form back to: (207) 828-7816

Prior authorization expires after one year.

**Step 1 Please complete patient and physician information** (Please Print)

Patient Name: \_\_\_\_\_ Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Sponsor ID# \_\_\_\_\_ Phone #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Secure Fax #: \_\_\_\_\_

**Step 2**

**Please indicate the specific product for which prior authorization is requested:** \_\_\_\_\_  
**The DoD step preferred (formulary) growth hormone product is Norditropin FlexPro.**  
Formulary but non-step preferred growth hormone products: Zomacton, and Omnitrope.  
Non – formulary growth hormone products: Genotropin, Humatrope, Nutropin AQ NuSpin, Ngenla, Serostim, Zorbtive, and Saizen.

**Step 3 Please complete the clinical assessment**

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| 1. Which medication is being requested?  | <input type="radio"/> Ngenla – Proceed to question <b>2</b><br><input type="radio"/> All other medications – Proceed to question <b>9</b>  |  |
| 2. The provider acknowledges that Norditropin is the Department of Defense's preferred somatropin agent.   | <input type="radio"/> Acknowledged<br>Proceed to question <b>3</b>   |  |
| 3. How old is the patient?   | <input type="radio"/> Greater than or equal to 3 years of age and less than or equal to 17 years of age – Proceed to question 4<br><input type="radio"/> Other – <b>STOP</b> Coverage not approved |  |
| 4. Is Ngenla being used for the indication of growth failure due to an inadequate secretion of endogenous growth hormone (GH) in pediatric patients?                     | <input type="radio"/> Yes<br>Proceed to question <b>5</b>  | <input type="radio"/> No<br><b>STOP</b><br>Coverage not approved |
| 5. Is the prescription written by or in consultation with a pediatric endocrinologist or nephrologist who recommends therapeutic intervention and will manage treatment? | <input type="radio"/> Yes<br>Proceed to question <b>6</b>  | <input type="radio"/> No<br><b>STOP</b><br>Coverage not approved |

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| 6. Does the patient have a contraindication to Norditropin?  | <input type="radio"/> Yes<br>Proceed to question <b>8</b>  | <input type="radio"/> No<br>Proceed to question <b>7</b>         |
| 7. Has the patient experienced an adverse reaction to Norditropin, Omnitrope, AND Zomacton not expected with Ngenla? Note, all possible preservative formulations are available between Norditropin, Omnitrope and Zomacton. Note that patient preference for a particular device is insufficient grounds for approval of an NF agent.   | <input type="radio"/> Yes<br>Proceed to question <b>8</b>  | <input type="radio"/> No<br><b>STOP</b><br>Coverage not approved |
| 8. Does the patient require a less than daily dosing regimen due to needle intolerance or aversion?  | <input type="radio"/> Yes<br><b>Sign and date below</b>  | <input type="radio"/> No<br><b>STOP</b><br>Coverage not approved |
| 9. Is the patient greater than or equal to 18 years of age?  | <input type="radio"/> Yes<br>Proceed to question <b>13</b>   | <input type="checkbox"/> No<br>Proceed to question <b>10</b>     |
| 10. Is the patient a child with one of the following conditions? <ul style="list-style-type: none"> <li><input type="radio"/> Growth Hormone Deficiency</li> <li><input type="radio"/> Small for gestational age</li> <li><input type="radio"/> Chronic renal insufficiency associated with growth failure</li> <li><input type="radio"/> Prader-Willi Syndrome (in patients with a negative sleep study for obstructive sleep apnea)</li> <li><input type="radio"/> Turner Syndrome</li> <li><input type="radio"/> Noonan's Syndrome</li> <li><input type="radio"/> Short stature homeobox gene (ShoX) gene mutation</li> </ul> | <input type="checkbox"/> Yes<br>Proceed to question <b>12</b>  | <input type="checkbox"/> No<br>Proceed to question <b>11</b>     |
| 11. For patients younger than 18 years of age who do not have one of the indications mentioned above, please provide the diagnosis.  | <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p style="text-align: center;">Please write-in the diagnosis</p> <p style="text-align: center;">Proceed to question <b>12</b></p> |  |
| 12. Is the prescription written by or in consultation with a pediatric endocrinologist or nephrologist who recommends therapeutic intervention and will manage treatment?  | <input type="radio"/> Yes<br>Proceed to question <b>16</b>   | <input type="radio"/> No<br><b>STOP</b><br>Coverage not approved |
| 13. Is the patient an adult with growth hormone deficiency as a result of pituitary disease, hypothalamic disease, trauma, surgery, or radiation therapy, acquired as an adult or diagnosed during childhood?  | <input type="radio"/> Yes<br>Proceed to question <b>15</b>   | <input type="radio"/> No<br>Proceed to question <b>14</b>        |

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| 14. Does the patient have HIV/AIDS wasting/cachexia or Short Bowel Syndrome?   | <input type="radio"/> Yes<br>Proceed to question <b>15</b>  | <input type="radio"/> No<br><b>STOP</b><br>Coverage not approved |
| 15. Is the prescription written by or in consultation with an appropriate specialist (endocrinologist, infectious disease specialist, general surgeon, or gastroenterologist)?   | <input type="radio"/> Yes<br>Proceed to question <b>16</b>  | <input type="radio"/> No<br><b>STOP</b><br>Coverage not approved |
| 16. Which medication is being requested?   | <input type="radio"/> Norditropin FlexPro - <b>Sign and date below</b><br><input type="radio"/> Genotropin, Humatrope, Nutropin AQ Nuspin, Ngenla, Saizen, Zorbtive, Serostim, Omnitrope or Zomacton – Proceed to <b>17</b> |  |
| 17. Does the patient have a contraindication to Norditropin FlexPro?   | <input type="radio"/> Yes<br><b>Sign and date below</b>   | <input type="radio"/> No<br>Proceed to question <b>18</b>        |
| 18. Has the patient experienced an adverse reaction to Norditropin FlexPro that is not expected with the non-step preferred product (Genotropin, Humatrope, Nutropin AQ Nuspin, Ngenla, Saizen, Zorbtive, Omnitrope, Serostim, or Zomacton)?   | <input type="radio"/> Yes<br><b>Sign and date below</b>   | <input type="radio"/> No<br><b>STOP</b><br>Coverage not approved |
| Please note that use of a Growth Stimulating Agent is not approved for the following: idiopathic short stature, the normal ageing process, obesity, or depression, other off-label uses (for example, non-alcoholic fatty liver disease, cirrhosis, mild cognitive impairment, etc.) or concomitant use of multiple Growth Stimulating Agents. |   |  |

**Step 4** I certify that the above is correct to the best of my knowledge (Please sign and date):

\_\_\_\_\_  
Prescriber Signature

\_\_\_\_\_  
Date