

Sterling Retiree Rx Prior Authorization Form

GROWTH HORMONES: NORDITROPIN, SAIZEN, TEV-TROPIN

Coverage Criteria

Adult patients with growth hormone deficiency either alone or associated with multiple hormone deficiencies. Hypopituitarism as a result of pituitary disease, hypothalamic disease, surgery, radiation therapy or trauma; patients who were growth hormone deficient during childhood as a result of congenital, genetic, acquired, or idiopathic causes; treatment of adult AIDS patients with cachexia.

Exclusion Criteria

Severe respiratory impairment or sleep apnea (Prader-Willi syndrome)

Member Information

| | | | | | |
|---|--|--------------|--|---------------------|--|
| Name | | | | | |
| Enrollment/Card-holder ID Number | | | | | |
| Group/Plan | | Male | | Female | |
| Date of Birth | | Age | | Weight in Kg | |
| Street Address | | | | | |
| City | | State | | Zip | |

Physician Information

| | | | | | |
|-------------------------|--|---------------------|--|------------|--|
| Name | | | | | |
| Agent | | Contact Name | | | |
| Specialty/Office | | | | | |
| Clinic Name | | | | | |
| Street Address | | | | | |
| City | | State | | Zip | |
| Phone | | Fax | | | |

Requested Drug

| | | |
|------------------------------------|---------------------------|--|
| | Reason for Request | |
| | | |
| Condition/Diagnosis Related | | |

Clinical Drug/Lab History Pertinent to Request

| | |
|--|--|
| Labs: Baseline/Ongoing | Strength/Dosage |
| | |
| Formulary Alternative(s) Attempted? | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Please List Alternative Formulary Drugs | |
| | |
| | |

| | |
|-----------------|--|
| Comments | |
|-----------------|--|

Physicians Signature: _____ **Fax Form to 1-877-847-9904**