

**NOTE:** Failure to respond within 36 business hours will result in a denial for lack of information.

## Growth Hormone

### Prior Authorization Request (Physician to Complete)



Visit [www.wellmark.com](http://www.wellmark.com) for the Wellmark Drug List for current medication tier levels and updated PA Forms

#### Facsimile Transmittal Sheet

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To: Wellmark Pharmacy Services

From (Prescriber's Name): \_\_\_\_\_

Fax Number: (866) 884-4345

Prescriber's DEA Number: \_\_\_\_\_

Phone Number: (800) 600-8065

Prescriber's Phone Number: \_\_\_\_\_

Prescriber's Specialty: \_\_\_\_\_

Prescriber's Fax Number: \_\_\_\_\_

Prescriber's Office Address: \_\_\_\_\_  
Street Suite # City State Zip

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_ Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please answer the following questions and fax this form back to (866) 884-4345. All fields are REQUIRED.

1. Please provide the diagnosis this therapy has been prescribed for: \_\_\_\_\_  
ICD-9 Code: \_\_\_\_\_
2. Please provide the following patient information: Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Height percentile at time of diagnosis: \_\_\_\_\_ Weight percentile: \_\_\_\_\_
3. What is the patient's growth rate per year? \_\_\_\_\_
4. Is standard deviation 2.0 or more below mean height for chronological age or less than the 5<sup>th</sup> percentile?  
 Yes  No
5. What is the patient's serum growth hormone response? \_\_\_\_\_
6. Please provide 2 stimuli tests and results: \_\_\_\_\_  
\_\_\_\_\_
7. What medication is being requested? \_\_\_\_\_
8. Does the patient have history of treatment failure or contraindication to Norditropin? \_\_\_\_\_
9. Number of vials per month: \_\_\_\_\_ Estimate length of therapy: \_\_\_\_\_

**Attach lab results and other documentation as necessary**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient, you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received this fax in error, please immediately notify the sender by telephone and destroy this original fax message.