





MEDICATION PRIOR AUTHORIZATION REQUEST FORM
FAX this completed form to 1-888-865-6531
OR Mail request to: Pharmacy Services Prior Authorization Dept.
5 River Park Place East, Suite 210 | Fresno, CA 93720

Call 1-833-705-1351 to request a 72-hour supply of medication.
Pharmacy Services will respond via fax or phone within 24 hours of receipt of all necessary information,
expect during weekends and holidays. For immediate response on weekends and holidays, NurseWise will answer your call.

Non-Preferred: Humatrope, Nutropin, Omnitrope, Saizen, Zomacton
Note: Form must be completed in full. An incomplete form may be returned.

Recipient's Full Name

Grid for entering recipient's full name

Date of Birth (MM/DD/YYYY)

Grid for entering date of birth

Fill in all related test results below. Medical records and all related official lab reports (dated within the past 6 months) must be submitted. (If the request is for continuation of therapy in a child, the growth information below must be provided.)

Growth Velocity: (SD) and (cm/year) Bone Age: (year) Height: (%)

Growth Plate: Open or Closed

Mid-Parental Height: [(father's height + mother's height) ÷ 2, plus 2.5 inches (male) or minus 2.5 inches (female)]

Providers must correct for Thyroid Stimulating Hormone (TSH) deficiency prior to conducting a stimulation test:

TSH: mU/L Normal Range: Date:

Stimulation Testing: (Copies of official test results must be submitted) The preferred stimulation test is the Insulin Tolerance Test (ITT). Levodopa and Clonidine are not adequate agents for adult testing.

Test 1: type Peak GH Value: ng/mL Standard Peak: ng/mL Date:

Test 2: type Peak GH Value: ng/mL Standard Peak: ng/mL Date:

Previous IGF-1 (if applicable) ng/mL Normal range (for age): Date:

Recent IGF-1: ng/mL Normal range (for age): Date:

Prescriber's Signature: Date:

REQUIRED FOR REVIEW: All copies of medical records (e.g., diagnostic evaluations and recent chart notes), and the most recent copies of related labs. The provider must retain copies of all documentation for five years.

Confidentiality Notice: The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited.