



Texas Standard Prior Authorization Form Addendum

Molina Healthcare of Texas Growth Hormone-Excluding Serostim / Zorbtive (Medicaid)

This fax machine is located in a secure location as required by HIPAA Regulations. Complete / Review information, sign, and date. Fax signed forms to Molina Pharmacy Prior Authorization Department at **1-888-487-9251**. Please contact Molina Pharmacy Prior Authorization Department at **1-855-322-4080** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Growth Hormone-Excluding Serostim / Zorbtive (Medicaid).

Drug Name (select from list of drugs shown / provide drug information)	
GENOTROPIN CARTRIDGE	GENOTROPIN MINIQUICK
HUMATROPE VIAL	HUMATROPE CARTRIDGE
NORDITROPIN NORDIFLEX	NORDITROPIN FLEXPRO
NUTROPIN AQ PEN CARTRIDGE	NUTROPIN AQ NUSPIN INJECTOR
OMNITROPE CRTG	OMNITROPE VIAL
SAIZEN VIAL	SAIZEN CLICK EASY CARTG
TEV-TROPIN VIAL	

Patient Information	
Patient Name:	
Patient ID:	
Patient DOB:	

Prescribing Physician	
Physician Name:	
Physician Phone:	
Physician Fax:	
Physician Address:	
City, State, Zip:	

Diagnosis:	ICD Code:
Directions for administration:	

*****Please include all relevant clinical notes, lab work, medication history and any other applicable documentation.**

Please circle the appropriate answer for each question.

1. Is the requested drug required per court order? (court order required) Y N
If the answer to this question is yes, approved for 365 days.
If the answer to this question is no, go to question 2.
2. Is the patient between 0 to 16 years of age? Y N
If the answer to this question is yes, go to question 3.
If the answer to this question is no, go to question 10.

3.	Does the patient have a diagnosis of growth hormone deficiency (GHD) or idiopathic short stature (ISS) in the last 3 years? <i>If the answer to this question is yes, go to question 9.</i> <i>If the answer to this question is no, go to question 4.</i>	Y	N
4.	Does the patient have a diagnosis panhypopituitarism in the last 3 years? <i>If the answer to this question is yes, go to question 5.</i> <i>If the answer to this question is no, go to question 6.</i>	Y	N
5.	Has the patient had at least 2 claims for the requested medication in the last 90 days (stable therapy)? <i>If the answer to this question is yes, go to question 14.</i> <i>If the answer to this question is no, go to question 9.</i>	Y	N
6.	Does the patient have a diagnosis of SHOX deficiency, Turner syndrome, Noonan syndrome, or Prader-Willi syndrome in the last 3 years? <i>If the answer to this question is yes, go to question 14.</i> <i>If the answer to this question is no, go to question 7.</i>	Y	N
7.	Does the patient have a diagnosis of chronic kidney disease (CKD) in the last 3 years? <i>If the answer to this question is yes, go to question 8.</i> <i>If the answer to this question is no, denied.</i>	Y	N
8.	Does the patient have a history of renal transplant (CPT) in the last 3 years? <i>If the answer to this question is yes, denied.</i> <i>If the answer to this question is no, go to question 9.</i>	Y	N
9.	Does the submitted documentation support the requested diagnosis? <i>If the answer to this question is yes, go to question 14.</i> <i>If the answer to this question is no, denied.</i>	Y	N
10.	Does the patient have a diagnosis of panhypopituitarism in the last 3 years? <i>If the answer to this question is yes, go to question 12.</i> <i>If the answer to this question is no, go to question 11.</i>	Y	N
11.	Does the patient have a diagnosis of growth hormone deficiency (GHD) or idiopathic short stature (ISS) in the last 3 years? <i>If the answer to this question is yes, go to question 13.</i> <i>If the answer to this question is no, denied.</i>	Y	N
12.	Has the patient had at least 2 claims for the requested medication in the last 90 days (stable therapy)? <i>If the answer to this question is yes, go to question 14.</i> <i>If the answer to this question is no, go to question 13.</i>	Y	N
13.	Does the submitted documentation support the requested diagnosis? <i>If the answer to this question is yes, go to question 14.</i> <i>If the answer to this question is no, denied.</i>	Y	N
14.	Does the patient have a diagnosis of active malignancy in the last 180 days? <i>If the answer to this question is yes, denied.</i> <i>If the answer to this question is no, go to question 15.</i>	Y	N
15.	Does the patient have a history of chemotherapy/radiation (CPTs) in the last 180 days? <i>If the answer to this question is yes, denied.</i> <i>If the answer to this question is no, go to question 16.</i>	Y	N
16.	Does the patient have a diagnosis of active proliferative or severe non-proliferative diabetic retinopathy in the last 365 days? <i>If the answer to this question is yes, denied.</i>	Y	N

If the answer to this question is no, go to question 17.

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| 17. | Is this request for a non-preferred drug?
<i>If the answer to this question is yes, go to question 18.</i>
<i>If the answer to this question is no, approved for 365 days.</i> | Y | N |
| 18. | Has the patient been stable on 1 non-preferred agent for 30-days in the last 180 days?
<i>If the answer to this question is yes, approved for 365 days.</i>
<i>If the answer to this question is no, go to question 19.</i> | Y | N |
| 19. | Has the patient failed a 30-day treatment with at least 1 preferred agent within the last 180 days?
<i>If the answer to this question is yes, approved for 365 days.</i>
<i>If the answer to this question is no, go to question 20.</i> | Y | N |
| 20. | Is there a documented allergy or contraindication to preferred agents in this class?
<i>If the answer to this question is yes, approved for 365 days.</i>
<i>If the answer to this question is no, go to question 21.</i> | Y | N |
| 21. | Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions?
<i>If the answer to this question is yes, approved for 365 days.</i>
<i>If the answer to this question is no, denied.</i> | Y | N |

Comments:

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (or Authorized) Signature

Date