

**INDIANA HEALTH COVERAGE PROGRAMS PHARMACY BENEFIT
GROWTH HORMONE PRIOR AUTHORIZATION REQUEST FORM FOR ADULTS (≥18 Years of age)**



Pharmacy Benefit Management (PBM) Call Center
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Phone: (866) 879-0106 Fax: (866) 780-2198



Today's Date

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****All sections must be completed or the request will be returned****

Patient's Medicaid # □□□□□□□□□□	Date of Birth □□ / □□ / □□□□
Patient's Name	Prescriber's Name
Prescriber's IN License # □□□□□□□□	Specialty
Prescriber's NPI # □□□□□□□□□□	Prescriber's Signature
Return Fax # □□□□ - □□□□ - □□□□	Return Phone # □□□□ - □□□□ - □□□□

Requested Drug: _____ **Dosage:** _____ **Length of Therapy:** _____

Basic information

Current weight _____ (lbs) Weight 6 months prior _____ (lbs) Weight 3 months prior _____ (lbs)
 Current height _____ (in) Height 6 months prior _____ (in) Height 3 months prior _____ (in)
 Body cell mass _____

Initial Approval

Does the patient have a diagnosis of HIV wasting or cachexia? Yes No

If yes, list diagnosis code: _____

Current HAART therapy: _____

Has patient failed on: Dronabinol Megestrol Anabolic Steroids None Other _____

If no, what is the diagnosis? _____ Diagnosis code _____

Medical Necessity Documentation

- If diagnosis of HIV wasting or cachexia:
 - quantitative measurement of lean body mass using DEXA (Dual Energy X-ray Absorptiometry) or BIA (Bioelectric Impedance Analysis) AND
 - involuntary weight loss of >10% of baseline total body weight OR
 - body cell mass of < 30% for initial approval
- If diagnosis of Short Bowel Syndrome:
 - documentation supporting the diagnosis of Short Bowel Syndrome AND
 - documentation indicating patient is receiving specialized nutritional support
- If diagnosis of adult growth hormone deficiency, documentation as evidenced by biochemical test

Renewal Approval

If diagnosis of HIV wasting or cachexia:

- documentation for current HAART therapy
- documentation demonstrating an increase in total body weight or lean body mass from treatment baseline must be provided.

If diagnosis of Short Bowel Syndrome:

- documentation supporting the diagnosis of Short Bowel Syndrome AND
- documentation indicating patient is receiving specialized nutritional support

Information on this form is protected health information and subject to all privacy and security regulations under HIPAA