



GROWTH STIMULATING AGENTS

Prior Authorization/Prescription/Patient Enrollment Form
Complete form in its entirety and fax to number listed below

Department of Vermont Health Access GROWTH STIMULATING AGENTS PRIOR AUTHORIZATION REQUEST

1 PATIENT INFORMATION

Last Name		First Name		Middle Initial	
Date of Birth		Sex M <input type="checkbox"/> F <input type="checkbox"/>		Medicaid ID #	
Allergies: <input type="checkbox"/> NKA or _____					
Street Address			City		
State		County		Zip Code	
Home Phone		Cell Phone		Night Telephone	
Parent/Guardian		Day Telephone		Relationship	
Emergency Contact		Telephone		Relationship	

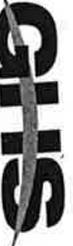
2 PRESCRIBER INFORMATION

Prescriber's Name		NPI Number		DEA Number	
Telephone Number		Fax Number		Hospital/Clinic Name	
Street Address			City		
State		County		Zip Code	
Contact Person at Office			Prescriber Specialty		

Fax Completed Form to:

Fax Number: 800-218-3221

Phone Number: 866-843-3604



Goold Health Systems

Patient Diagnosis:

Requested DVHA PREFERRED Growth Stimulating Agent

Norditropin®

Growth Hormone Stimulation Test # 1 Test: result:

Growth Hormone Stimulation Test # 2 Test: result:

Patient's Height:

Patient's Bone Age:

Patient's Chronological Age:

Growth Velocity:

IGF-1 results:

Please explain the medical necessity for a 'NON-PREFERRED' product:

Genotropin® Humatrope® Omnitrope® Nutropin® Saizen® Tev-Tropin®

Medical justification:

Request is for a 'SPECIALIZED INDICATION' product: (Criteria in Clinical Criteria Manual)

Increlex® Serostim® Zorbtive®

Other information/ Prescriber comments:

4 PRESCRIPTION

Norditropin® FlexPro 5 mg/1.5 ml Norditropin® FlexPro 10 mg/1.5 ml

Norditropin® FlexPro 15 mg/1.5 ml Norditropin® NordiFlex 30 mg/3 ml

Other Product: (Please Specify) _____

Dosage Form / Strength: _____

Dose/Route & Frequency (Sig): _____

Dispense Quantity: One month supply or _____ Refill X _____

Needleless/syringes: quantity sufficient for drug supply with refills as above

Deliver product to: Patient's home MD office Clinic

Prescriber's Signature: _____ Date: _____