



**Genotropin**

**Express Scripts  
Prior Authorization  
Phone 1-844-424-8886  
Fax 1-877-251-5896**

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: [medicarepartdparequests@express-scripts.com](mailto:medicarepartdparequests@express-scripts.com)

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
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**SECTION A**

Please answer the following questions

1.     Yes     No    Will Genotropin be used for the treatment of children with growth failure due to inadequate secretion of endogenous growth hormone? *(If Yes, skip to question 9).*
2.     Yes     No    Will Genotropin be used for the treatment of children with short stature born small for gestational age with no catch-up growth by 2 years of age? *(If Yes, skip to question 9).*
3.     Yes     No    Will Genotropin be used for the treatment of children with growth failure due to Prader-Willi syndrome or Turner syndrome? *(If No, skip to question 5.)*
4.     Yes     No    Are diagnoses of Prader-Willi syndrome or Turner Syndrome confirmed by genetic testing? *(Skip to question 9.)*
5.     Yes     No    Will Genotropin be used for the treatment of children with idiopathic short stature? *(If No, skip to question 7.)*
6.     Yes     No    Is idiopathic short stature confirmed by height less or equal to 2.25 SD (standard deviation) below the mean height for age and does the diagnostic evaluation exclude other causes of short stature that should be treated by other means? *(Skip to question 9.)*
7.     Yes     No    Will Genotropin be used for the treatment of adults with either adult onset or childhood onset GHD (growth hormone deficiency)? *(If No, skip to question 9.)*

- 8.     Yes     No    Does the adult patient with Growth Hormone Deficiency have Insulin-like growth factor-1 (IGF-1) level of less than 84 ng/ml or Growth hormone stimulation tests (e.g., insulin tolerance test (ITT) with Growth Hormone (GH) level of less than 5 mcg/L, Growth Hormone Releasing Hormone (GHRH) with arginine with GH level of less than 4.1 mcg/L)?
- 9.     Yes     No    Is the prescription written or recommended by an endocrinologist?
- 10.    Yes     No    Will Genotropin be used in a patient with Acute Critical Illness due to complications following open heart surgery, abdominal surgery or multiple accidental trauma, or those with acute respiratory failure?
- 11.    Yes     No    Will Genotropin be used in a child with Prader-Willi syndrome who is severely obese or has severe respiratory impairment?
- 12.    Yes     No    Will Genotropin be used in a patient with Active Malignancy?
- 13.    Yes     No    Will Genotropin be used in a Patient with Active Proliferative or Severe Non-Proliferative Diabetic Retinopathy?
- 14.    Yes     No    Will Genotropin be used in a child with closed epiphyses?

***Please document the symptoms and/or any other information important to this review:***

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**SECTION B**    Physician Signature

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PHYSICIAN SIGNATURE

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DATE

**FAX COMPLETED FORM TO: 1-877-251-5896**

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.scanhealthplan.com>