Jefferson Health Plans

MEDICARE ADVANTAGE
PRIOR AUTHORIZATION REQUEST FORM

Norditropin - Medicare

Phone: 215-991-4300 **Fax back to: 866-371-3239**

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

Member Name:	**Prescriber Name:**
Member Number:	Fax: Phone:
Date of Birth:	Office Contact:
Line of Business: □ Medicare Advantage	NPI: State Lic ID:
Address:	Address:
City, State ZIP:	City, State ZIP:
Primary Phone:	**Specialty/facility name (if applicable):**

☐ REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that applying the 72 hour standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Drug Name:	
Strength:	
Directions / SIG:	

Please attach any pertinent medical history including labs and information for this member that may support approval.
Please answer the following questions and sign.

Q1. Is the requested medication being prescribed by or in consultation with an endocrinologist? If YES, go to 2.

☐ Yes ☐ No

Q2. Is this a request for a reauthorization of medication? If YES, go to 3. If NO, go to 6.

☐ Yes ☐ No

Q3. Is there documentation that the patient has tolerated the medication and has a normal IGF-1 level or will have their growth hormone dose adjusted to attain a normal IGF-1 concentration? IF YES, go to 4.

☐ Yes ☐ No

Q4. Is the patient an adult? If NO, go to 5

☐ Yes ☐ No

Q5. For children: Is documentation attached with growth chart, height velocity, chronological age, bone age, and linear growth potential remaining with open epiphyses?

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☐ Yes ☐ No

Q6. Is the requested drug being used for a diagnosis of adult GHD? If YES, go to 14. If NO, go to 7.

☐ Yes ☐ No

Q7. Has the patient been diagnosed with growth failure due to growth hormone deficiency via clinical assessment of appropriate auxological findings documented and attached (such as growth chart, height, height velocity, chronological and bone age)? If YES, go to 8. If NO, go to 11.

☐ Yes ☐ No

Q8. Has the patient had a subnormal response to at least 2 provocative growth hormone (GH) stimulation tests (resulting in peak GH levels less than 10 ng/mL)? If NO, go to 9.

☐ Yes ☐ No

Q9. Has the patient had a subnormal response to at least one provocative GH stimulation test (resulting in peak GH level less than 10 ng/mL) AND subnormal insulin-like growth factor-1 (IGF-1) level? If NO, go to 10.

☐ Yes ☐ No

Q10. Does the patient have a subnormal IGF-1 level AND panhypopituitarism (defined as deficiencies of at least 3 other pituitary hormones), pituitary disease, hypothalamic disease, hypothalamic/pituitary surgery, radiation therapy, or trauma.

☐ Yes ☐ No

Q11. Has the patient been diagnosed with short stature associated with any of the following syndromes: Noonan syndrome, Turner syndrome, Prader-Willi syndrome (PWS) with attached documentation of: A) appropriate genetic test to confirm specific syndrome diagnosed, and B) assessment of characteristic clinical manifestations consistent with the specific syndrome.

☐ Yes ☐ No

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Q12. Are chart notes attached documenting the patient been diagnosed with sort stature due to being born small for gestational age (SGA) with no catch-up growth by age 2 to 4 years? If NO, go to 13.

☐ Yes ☐ No

Q13. Has the patient peen diagnosed with idiopathic short stature (ISS) with documentation of a height standard deviation score (SDS) less than -2.25 and associated with growth rates unlikely to allow one to reach normal adult height, and documentation of growth chart, growth potential, impaired height velocity for age group, and bone age.

☐ Yes ☐ No

Q14. Is the diagnosis of adult growth hormone deficiency (GHD) a result of childhood-onset GHD due to organic disease or as a result of hypothalamic or pituitary disease, panhypopituitarism, hypothalamic or pituitary surgery, radiation therapy, or trauma? If YES, go to 15.

☐ Yes ☐ No

Q15. Has the diagnosis of adult growth hormone deficiency (GHD) been confirmed with a subnormal serum insulin-like growth factor-1 (IGF-1) while off growth hormone or prior to starting growth hormone therapy? If yes, please attach documentation. If YES, go to 16.

☐ Yes ☐ No

Q16. If the insulin-like growth factor-1 (IGF-1) value is questionable or uncertain, has adult growth hormone deficiency (GHD) been confirmed via a subnormal growth hormone response to provocative testing prior to or while off growth hormone therapy?

☐ Yes ☐ No

Q17. Requested Duration:

☐ 12 Months ☐ Other:

Q18. Additional Information:

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Prescriber Signature Date

v2026