

**Beneficiary Information**

1. Beneficiary Last Name: \_\_\_\_\_ 2. First Name: \_\_\_\_\_  
3. Beneficiary ID #: \_\_\_\_\_ 4. Beneficiary Date of Birth: \_\_\_\_\_ 5. Recipient Gender: \_\_\_\_\_

**Prescriber Information**

6. Prescriber Name: \_\_\_\_\_ NPI #: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
7. Requester Contact Information: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Drug Information**

8. Drug Name: \_\_\_\_\_ 9. Strength: \_\_\_\_\_ 10. Quantity Per 30 Days: \_\_\_\_\_  
11. Length of Therapy: \_\_\_ up to 30 days \_\_\_ 60 days \_\_\_ 90 days \_\_\_ 120 days \_\_\_ 180 days \_\_\_ 365 days \_\_\_ Other: \_\_\_\_\_

**Clinical Information**

1. Diagnosis: \_\_\_\_\_  
**For NON-PREFERRED DRUGS (complete this section as well as below):**  
2. \_\_\_ Failed two preferred drugs. List preferred drugs failed: \_\_\_\_\_  
Or list reason why patient cannot try two preferred drugs: \_\_\_\_\_  
3. History of:  Turners Syndrome  Prader Willi Syndrome  
 Craniopharyngioma  Panhypopituitarism  Cranial Irradiation  
 MRI History of Hypopituitarism list: \_\_\_\_\_  Hypopituitarism  
 Chronic Renal Insufficiency  SGA with IUGR  Other: \_\_\_\_\_  
4. Was the patient diagnosed as a child? Yes \_\_\_ No \_\_\_  
5. Did the patient have a height velocity < 25<sup>th</sup> Percentile for Bone Age? Yes \_\_\_ No \_\_\_ **Height Velocity:** \_\_\_\_\_  
6. Did the patient have low serum levels of IGF-1 and IGFBP-3? Yes \_\_\_ No \_\_\_ **IGF-1 Level:** \_\_\_\_\_ **IGFBP-3 Level:** \_\_\_\_\_  
7. Did the patient have other signs of hypopituitarism? Yes \_\_\_ No \_\_\_ List: \_\_\_\_\_  
8. Was the patient an adequately nourished child with hypoglycemia and a low GH response to hypoglycemia? Yes \_\_\_ No \_\_\_  
9. Was the patient's height < 3<sup>rd</sup> percentile for chronological age? Yes \_\_\_ No \_\_\_ **Height:** \_\_\_\_\_ **Percentile:** \_\_\_\_\_  
10. Was birth weight and/or length more than 2 standard deviations below mean for gestational age with no catch up by age 2?  
Yes \_\_\_ No \_\_\_  
11. Is the patient currently being treated and diagnosed with GHD in childhood with a current low IGF-1? Yes \_\_\_ No \_\_\_  
**IGF-1 Level:** \_\_\_\_\_  
12. Is the patient currently being treated and diagnosed with short stature in childhood with height > 2.25 standard deviations below mean for age, and bone age > 2 standard deviations below mean, and low serum levels of IGF-1 and IGF-BP3?  
Yes \_\_\_ No \_\_\_ **IGF-1 Level:** \_\_\_\_\_ **IFG-BP3 Level:** \_\_\_\_\_  
13. Is GHD documented by a negative response to a GH stimulation test? Yes \_\_\_ No \_\_\_  
**Agent 1:** \_\_\_\_\_ **Agent 2:** \_\_\_\_\_ **Peak:** \_\_\_\_\_ **Ng/ml:** \_\_\_\_\_  
14. Document cause of GHD (pituitary/hypothalamic disease, radiation, surgery, trauma): \_\_\_\_\_  
**Zorbitive only:**  
15. Is there a history of short bowel syndrome in the last 2 years? Yes \_\_\_ No \_\_\_

Signature of Prescriber: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Prescriber signature mandatory**

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.