

**Alabama Medicaid Pharmacy**  
**Child Growth Hormone /**  
**Turner Syndrome, Prader-Willi Syndrome, Noonan Syndrome PA Request Form**

FAX: (800) 748-0116  
Phone: (800) 748-0130

Fax or Mail to  
HEALTH INFORMATION DESIGNS

P.O. Box 3210  
Auburn, AL 36832-3210

**PATIENT INFORMATION**

Patient name \_\_\_\_\_ Patient Medicaid # \_\_\_\_\_  
Patient DOB \_\_\_\_\_ Patient phone # with area code \_\_\_\_\_

**PRESCRIBER INFORMATION**

Prescriber name \_\_\_\_\_ NPI # \_\_\_\_\_ License # \_\_\_\_\_  
Address \_\_\_\_\_ Phone # with area code \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Fax # with area code \_\_\_\_\_

*I certify that this treatment is indicated and necessary and meets the guidelines for use as outlined by the Alabama Medicaid Agency. I will be supervising the patient's treatment. Supporting documentation is available in the patient record.*

\_\_\_\_\_  
Prescribing Practitioner Signature                      Date

**PHARMACY INFORMATION**

Dispensing pharmacy \_\_\_\_\_ NPI # \_\_\_\_\_  
NDC # \_\_\_\_\_ J Code \_\_\_\_\_ Qty. requested per month \_\_\_\_\_  
if applicable  
Phone # with area code \_\_\_\_\_ Fax # with area code \_\_\_\_\_

**DRUG/CLINICAL INFORMATION**

**Turner Syndrome, Prader-Willi Syndrome, Noonan Syndrome**

Initial Request     Renewal\*    Drug Requested \_\_\_\_\_ Duration of Therapy \_\_\_\_\_  
Strength/Quantity \_\_\_\_\_ Daily Dose \_\_\_\_\_ Height \_\_\_\_\_

Does the patient have a diagnosis of Turner Syndrome, Prader-Willi Syndrome, or Noonan Syndrome and has therapy been approved by a board certified pediatric endocrinologist?  Yes     No

For Turner Syndrome, has diagnosis been confirmed by karyotyping?  Yes     No

Does the patient have normal thyroid function?  Yes     No

Has the patient been screened for intracranial malignancy or tumor?  Yes     No

If a history of malignancy exists, has the patient been free of recurrence for at least the past 6 months?  Yes     No

Does the patient have any of the following contraindications?

- Yes
- Proliferative or pre-proliferative diabetic retinopathy       Pseudotumor cerebri or benign intracranial hypertension
  - Severely obese or severe respiratory impairment (for Prader-Willi Syndrome)
  - Pregnancy       Closed epiphyses
- No

\*For renewal requests, indicate the patient's growth velocity in cm/year since the patient was initiated on the requested medication. \_\_\_\_\_

**FOR HID USE ONLY**

Approve request       Deny request       Modify request       Medicaid eligibility verified  
Comments \_\_\_\_\_

Reviewer's Signature \_\_\_\_\_

Response Date/Hour \_\_\_\_\_