TEXAS Health and Human Services

Texas Vendor Drug Program

Increlex Standard PA Addendum (Medicaid)

Please complete the information below. The information is essential to processing the prior authorization (PA) for the selected drug. Please fax both the Texas Standard Prior Authorization Request Form for Prescription Drug Benefits (TDI Form NOFR002) (PDF) and Form 1357 to the Texas Prior Authorization Call Center at 866-469-8590. Incomplete forms or failure to submit this addendum may cause delays in patient care and/or prior authorization denial. This form is only for people enrolled in Medicaid fee-for-service. If the person is enrolled in managed care, please contact the appropriate MCO for forms and instructions.

Section I – Patient Information

Name of Patient	Medication ID No.	Date of Birth

Section II – Prescriber Information

Name of Prescriber	NPI ID No.	Area Code and Telephone No.

Section III – Medication Information

1. Does the patient have a diagnosis of growth failure due to growth hormone gene deletion/deficiency/ mutation or neutralizing bodies in the previous 730 days?	Yes	No
2. Does the patient have low growth hormone levels (evoked GH < 7 ng/ml) in the previous 730 days?	Yes	No
3. Does the patient have a height standard deviation score < -3.0 in the last 90 days?	Yes	No
4. Does the patient have a basal IGF-1 standard deviation score < -3.0 in the last 90 days?	Yes	No
5. Does the patient have a diagnosis of open epiphysis in the last 90 days?	Yes	No

Section IV – Review

Expedited/Urgent Review Requested

By checking this box and signing below, I certify that applying the standard review time frame may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Signature of Prescriber or Prescriber's Designee _____ Date _____