

Priority Health Medicare Prior Authorization Criteria (Part D)

Growth Hormone

Products affected

- Genotropin®
- Genotropin Miniquick®
- Humatrope® INJ 12MG, 24MG, 6MG
- Norditropin® Flexpro®
- Nutropin Aq® Nuspin 10
- Nutropin Aq® Nuspin 20
- Nutropin Aq® Nuspin 5
- Zorbtive®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	FOR CHILDREN: must submit an untreated growth velocity curve with a minimum of 1 year of growth data showing a growth velocity of less than 10th % for bone age and gender, growth plates must be open, bone age must be a minimum of 1 year behind chronological age (unless GHD is related to pituitary surgery, radiation therapy, or with precocious puberty), must have a documented GH deficiency via 2 growth hormone stimulation tests below 10ng/ml or GH stimulation test level less than 15 ng/ml + IGF-1 and IGF-PB3 levels below normal for bone age and sex, decreased muscle tone by exam. FOR ADULTS: documented growth hormone deficiency by suboptimal response (less than 3 mcg/l) to a hypoglycemic challenge (unless contraindicated, then can use other accepted method) or at least 2 other pituitary-related hormone deficiencies and an abnormally low IGF and one of the following: hypothalamic pituitary disease resulting from tumor or infarct, history of cranial irradiation during childhood or adulthood resulting in GH deficiency, pituitary surgery resulting in GH deficiency, or continuing treatment of childhood onset GH deficiency.
Age restrictions	N/A

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Prescriber restrictions	Must be prescribed by an endocrinologist, gastroenterologist, or nephrologist.
Coverage duration	One year
Other criteria	FOR CHILDREN: Diagnosis Growth Hormone Deficiency-height must be less than the 5th% for age/sex. Diagnosis Turner's syndrome-height must be less than 10th%. Diagnosis Pre-transplant chronic renal insufficiency-height must be less than 5th% for age/sex and patient must be receiving weekly dialysis or SCR less than 2 mg/dL. FOR CHILDREN: must not have constitutional growth delay, or acute or chronic catabolic illness. FOR ADULTS: patients must not have been treated during childhood without documented evidence of persistent GH deficiency, physiologic reductions in GH related to aging, treatment of Turner's syndrome or cystinosis. For the drug Zobtive, patient must only have a diagnosis of short bowel syndrome.