GROWTH HORMONE (Adult – 18 years of age and older)
Preferred Medications: Humatrope, Norditropin,
Non-Preferred Medications: Genotropin, Nutropin, Nutropin AQ, Omnitrope, Saizen

Pre - PA Allowance
None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

For INITIATION of therapy the patient must have ONE of the following:

1. Burn wounds (used for promotion of wound healing in burn patients)
2. Growth hormone deficiency due to at least ONE of the following:
   a. Hypothalamic disease
   b. Pituitary disease
   c. Radiation therapy
   d. Surgery
   e. Trauma
   f. Idiopathic adult-onset growth hormone deficiency

AND the following

Documentation of GH stimulation test result from ONE of the following:

a. Insulin tolerance test peak GH <= 5 ng/ml
b. Glucagon, peak GH <= 3 ng/ml
c. Arginine/L-Dopa, peak GH <= 1.5 ng/ml
d. Arginine, peak GH <= 0.4 ng/ml

3. Document of an IGF-1 level < 84ug/L AND panhypopituitarism (defined as a deficiency of three or more pituitary hormones such as gonadotropin [LH and/or FSH], adrenocorticotropic hormone [ACTH], thyroid-stimulation hormone [TSH], arginine vasopressin [AVP])

AND ALL of the following:

1. Confirmation that GH is not being used for cosmetic, anti-aging or athletic performance enhancement
2. Not being used in combination with another somatropin agent (such as Serostim, Zorbtive or any other GH)

All requests are subject to approval by a secondary review by a clinical specialist for final coverage determination
GROWTH HORMONE (Adult – 18 years of age and older)
Preferred Medications: Humatrope, Norditropin,
Non-Preferred Medications: Genotropin, Nutropin, Nutropin AQ, Omnitrope, Saizen

Prior - Approval Limits
Duration 12 months

Prior – Approval Renewal Requirements
Age 18 years of age or older
Diagnoses
For CONTINUATION of therapy the patient must have ONE of the following:

1. Burn wounds (used for promotion of wound healing in burn patients)
2. Growth hormone deficiency due to at least ONE of the following:
   a. Hypothalamic disease
   b. Pituitary disease
   c. Radiation therapy
   d. Surgery
   e. Trauma
   f. Idiopathic adult-onset growth hormone deficiency
   g. Panhypopituitarism

AND ALL of the following:

1. Confirmation that GH is not being used for cosmetic, anti-aging or athletic performance enhancement
2. Not being used in combination with another somatropin agent (such as Serostim, Zorbtive or any other GH)

All requests are subject to approval by a secondary review by a clinical specialist for final coverage determination

Prior - Approval Renewal Limits
Duration 12 months