GROWTH HORMONE (Adult therapy)
Humatrope, Norditropin*, Genotropin, Nutropin, Nutropin AQ, Omnitrope, Saizen, Zomacton

*Preferred Product

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 below the age and sex appropriate reference range 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:
GROWTH HORMONE (Adult therapy)  
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*Preferred Product

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 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
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Prior - Approval Renewal Limits

Duration 12 months