

Growth Hormone



Included Products: Included Products: Genotropin (somatropin), Nutropin AQ (somatropin), Omnitrope (somatropin), Zomacton (somatropin)

Created: 08/27/2010

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Adult Criteria

Initial Criteria		If yes	If no
1.	Is the member's age 21 or over?	Continue to #2.	Continue to the pediatric criteria.
2.	Has growth hormone been prescribed by or in consultation with an endocrinologist?	Continue to #3.	Do not approve.
3.	Has the prescriber certified that the growth hormone is not being prescribed for anti-aging therapy or to enhance athletic ability or body building?	Continue to #4.	Do not approve. Does not meet Guideline Note.
4.	Has the member had the pituitary removed or destroyed or has had panhypopituitarism since birth?	Continue to #6.	Continue to #5.
5.	Has growth hormone deficiency been confirmed by a negative response to a growth hormone stimulation test (e.g., serum GH levels of <5 ng/mL on stimulation testing with either of the following: glucagon or insulin)?	Continue to #6.	Do not approve. Does not meet Guideline Note.
6.	Is the request for Zomacton?	Continue to #8.	Continue to #7.
7.	Is there a reason Zomacton cannot be used?	Continue to #8	Do not approve and offer Zomacton.
8.	Is the request for Norditropin?	Continue to #9	Continue to #10
9.	Is there a reason Genotropin, Omnitrope, and Nutropin cannot be used?	Continue to #10	Do not approve and offer Genotropin, Omnitrope, and Nutropin.
10.	Approve for 12 months.		

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Renewal Criteria			
1.	Is there documentation of response to growth hormone?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		

Pediatric Criteria

Initial Criteria		If yes	If no
1.	Is the member under the age of 21?	Continue to #2.	Proceed to adult criteria
2.	Has growth hormone been prescribed by or in consultation with a pediatric endocrinologist?	Continue to #3.	Do not approve.
3.	Does the request meet the definition of medical necessity per Oregon Administrative Rules defined as meeting one or more of the following: <ul style="list-style-type: none"> a. Prevention, diagnosis, or treatment of a disorder that results in health impairment or a disability; OR b. Improve the ability for the member to achieve age-appropriate growth and development; OR c. Establish the ability for a member to attain, maintain, or regain independence in self-care, ability to perform activities of daily living, or improve health status. 	Continue to #4.	Do not approve.
4.	Is the request for Norditropin?	Continue to #5	Continue to #6
5.	Is there a reason Genotropin, Nutropin, and Omnitrope cannot be used?	Continue to #6	Do not approve and offer Genotropin, Nutropin, and Omnitrope.
6.	Approve for 12 months.		

Renewal Criteria		If yes	If no
1.	Is the member under the age of 21?	Continue to #2.	Continue to adult criteria.
2.	Is continuation of growth hormone medically necessary?	Continue to #3.	Do not approve.
3.	Approve for 12 months.		