

## GROWTH HORMONES AND RELATED DRUGS (EXCEPT SEROSTIM)

<b>PREFERRED</b>	Geref, Genotropin, Norditropin, Nutropin AQ, Nutropin Depot, Nutropin, Zorbtive, Protropin
<b>NON-PREFERRED</b>	Humatrope, Omnitrope, Saizen, Serostim (see separate criteria), Tev-tropin

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** *All products, whether preferred or non-preferred, in this category require prior authorization. An additional prior authorization is required to obtain the non-preferred agents.*

### PA CRITERIA:

- ❖ Approvable diagnoses for children are as follows (*note: most require submission of documentation*):
  - Growth hormone deficiency or short stature
  - Short stature related to Turner's Syndrome
  - Growth failure with chronic renal insufficiency
  - Previous radiation to the brain
  - Prader-Willi Syndrome
  - Decreased pituitary function
  - Intrauterine growth retardation, small for gestational age
  - History of a hypophysectomy
- ❖ For requests for children for a repeat course of therapy, must be able to demonstrate that member's growth rate doubled in the first year of growth hormone therapy OR increased by at least 3 cm/year in the first year of growth hormone therapy.
- ❖ Approvable diagnoses for adults are as follows (*note: most require submission of documentation*):
  - Somatropin Deficiency Syndrome
  - Short stature related to Turner's Syndrome
  - Previous radiation to the brain

### EXCEPTIONS:

- ❖ Zorbtive is only approvable for the diagnosis of short bowel syndrome in members 18 years or older who are receiving specialized nutritional support.
- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

### PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select the Provider Information tab, click on "view full text" in the

Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.gbp.georgia.gov](http://www.gbp.georgia.gov), select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.