



**GEORGIA MEDICAID FEE-FOR-SERVICE  
GROWTH HORMONES PA SUMMARY (EXCEPT SEROSTIM)**

Preferred	Non-Preferred
Genotropin Norditropin Nutropin AQ	Humatrope Omnitrope Saizen Zomacton Zorbtive

The drug names above include all available cartridge and pen formulations under the same primary name.

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTES:**

- ❖ All preferred and non-preferred growth hormones require prior authorization.
- ❖ Serostim criteria is in the Serostim PA Summary.

**PA CRITERIA:**

*Preferred Products*

- ❖ 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 in members who have been screened for sleep apnea by a sleep oximetry study or polysymnography and who do not have contraindications to therapy
  - Short stature homeobox gene (SHOX)
  - Decreased pituitary function
  - Intrauterine growth retardation, small for gestational age
  - Born without a pituitary gland, history of a hypophysectomy or panhypopituitarism
- ❖ 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
  - Born without a pituitary gland, history of a hypophysectomy or panhypopituitarism



*Non-Preferred Products (except Zorbtive)*

- ❖ In addition to the same criteria as for preferred products above, member must have experienced ineffectiveness, contraindications or drug-drug-interactions with at least two preferred products.

*Zorbtive*

- ❖ Approvable for members 18 years of age or older with a diagnosis of short bowel syndrome who are receiving specialized nutritional support and optimal management.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA AND APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.