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

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genotropin</td>
<td>Humatrope</td>
</tr>
<tr>
<td>Norditropin</td>
<td>Omnitrope</td>
</tr>
<tr>
<td>Nutropin AQ</td>
<td>Saizen</td>
</tr>
<tr>
<td></td>
<td>Zomacton</td>
</tr>
<tr>
<td></td>
<td>Zorbtive</td>
</tr>
</tbody>
</table>

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

Revised 7/1/2017
Non-Preferred Products (except Zorbitive)

- 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.

Zorbitive

- 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 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, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.