

GROWTH HORMONES AND RELATED DRUGS (EXCEPT SEROSTIM)

PREFERRED	Genotropin, Genotropin Miniquick, Norditropin cartridge, Norditropin Flexpro, Norditropin Nordiflex pen, Nutropin, Nutropin AQ, Nutropin AQ Nuspin
NON-PREFERRED	Accretropin, Humatrope, Omnitrope, Saizen, Serostim (see separate criteria), Tev-tropin, Zorbtive

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:

For 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 polysomnography 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

For Non-Preferred Products (except Norditropin Flexpro or Zorbtive)

- ❖ In addition to the same criteria as preferred products, non-preferred products require the member to have tried at least two preferred products or provider must submit documentation of contraindications or drug-drug interactions to two preferred products.

For Norditropin Flexpro

- ❖ Submit a written letter of medical necessity stating the reasons a preferred product (Norditropin Nordiflex pen or Nutropin cartridge) is not appropriate for the member.

For Zorbtive

- ❖ Zorbtive is only approvable for the diagnosis of short bowel syndrome in members 18 years or older who are receiving specialized nutritional support.

EXCEPTIONS:

- ❖ 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.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.