

Medicare Part D – 2016**Prior Authorization Group Description:**

HUMAN GROWTH HORMONE

Covered Uses:

All medically accepted indications not otherwise excluded from Part D

Exclusion Criteria:**Required Medical Information:**

CHILDREN AND ADOLESCENTS WITH GROWTH HORMONE DEFICIENCY, SHOX DEFICIENCY IN CHILDREN: The patient's baseline height must be greater than 2 SD below the mean for gender and age. Growth rate is such that the patient is unlikely to attain an adult height in the normal range - 59 inches for girls and 63 inches for boys. TURNER SYNDROME: Confirmed by karyotype. PRADER-WILLI or NOONAN SYNDROME: The patient's baseline height must be less than the 5th percentile for gender and age or 2 or more SD below the mean measured paternal height. Growth rate is such that the patient is unlikely to attain an adult height in the normal range - 59 inches for girls and 63 inches for boys. REAUTHORIZATION Increased growth rate by two cm over baseline in first year or one cm over baseline in 6 months for those patients undergoing a 6-month trial. Continued growth rate exceeds 2.5 cm/year. For treatment of growth hormone deficiency, child's height remains below median adult height (5'10 for males, 5'5 for females) and mid-paternal height. For non-growth hormone deficiency treatment, the child's height continues to be greater than 2.25 standard deviations below the normal adult height for gender (5' 3 for a male and 4' 11 for a female).

Age Restrictions:**Prescriber Restrictions:****Coverage Duration:**

Adults: Length of Benefit. Children: 6 months. Short Bowel: 4 weeks.

Other Criteria: