



## Texas Prior Authorization Program Clinical Criteria

# Growth Hormone Quick Reference Guide

**Growth Hormone** prior authorization requires submission of lab tests/documents as shown below based on patients age and diagnosis.

**All required documents must be from previous 12 months.**

**Please fax required documents to 866-469-8590** (For questions, please call 877-728-3927)

### Testing Requirements for Clients $\leq$ 16 years of age

<b>Growth Hormone (Excluding Serostim and Zorbtive)</b> <b>Growth Hormone Deficiency, Idiopathic Short Stature, Panhypopituitarism, Chronic Kidney Disease, SHOX deficiency, Turner Syndrome, Noonan Syndrome and Prader-Willi Syndrome in Children</b>	
<b>Diagnosis</b>	<b>Testing Requirements</b>
Panhypopituitarism	<p><u>Initiation of GH Therapy:</u></p> <ul style="list-style-type: none"><li>• IGF-1 level <math>&lt;</math> 160 ng/mL, AND</li><li>• Failure to respond (response <math>\leq</math> 5ng/mL) to one growth hormone stimulation test (Note: children <math>&lt;</math> 12 months of age are excluded from provocative testing)</li></ul> <p><u>Renewal of GH Therapy:</u></p> <ul style="list-style-type: none"><li>• No additional testing is required</li></ul>
Growth Hormone Deficiency	<p><u>Initiation of GH Therapy:</u></p> <ul style="list-style-type: none"><li>• Failure to respond (response <math>&lt;</math> 10ng/mL) to at least 2 growth hormone stimulation tests (Note: children <math>&lt;</math> 12 months of age are excluded from provocative testing), AND</li><li>• Patient's height <math>&gt;</math> 2.25 SD below the mean for age OR patient's height <math>&gt;</math> 2 SD below the midparental height percentile, AND</li><li>• Growth velocity <math>&lt;</math> 25<sup>th</sup> percentile for bone age</li></ul> <p><u>Renewal of GH Therapy:</u></p> <ul style="list-style-type: none"><li>• Patient's growth should exceed 2 cm/year, AND</li><li>• Epiphyses are open</li></ul>
Idiopathic Short Stature	<p><u>Initiation of GH Therapy:</u></p> <ul style="list-style-type: none"><li>• Height <math>&gt;</math> 2.25 SD below the mean for age, AND</li><li>• Predicted adult height <math>&lt;</math> 63 inches for males and <math>&lt;</math> 59 inches for females</li></ul>

**Growth Hormone (Excluding Serostim and Zorbtive)**

**Growth Hormone Deficiency, Idiopathic Short Stature, Panhypopituitarism, Chronic Kidney Disease, SHOX deficiency, Turner Syndrome, Noonan Syndrome and Prader-Willi Syndrome in Children**

	<p><u>Renewal of GH Therapy:</u></p> <ul style="list-style-type: none"> <li>• Patient's growth should exceed 2 cm/year, OR show an increase in height velocity of 50%, OR an increase of at least 2.5cm/year above the baseline height velocity, AND</li> <li>• Epiphyses are open</li> </ul>
Chronic Kidney Disease	<p><u>Initiation of GH Therapy:</u></p> <ul style="list-style-type: none"> <li>• GFR <math>\leq</math> 75mL/min/1.73m<sup>2</sup>, AND</li> <li>• Patient's height <math>&gt;</math> 2.25 SD below the mean for age OR patient's height <math>&gt;</math> 2 SD below the midparental height percentile OR patient's Z score <math>&lt;</math> -1.88, AND</li> <li>• Pre-transplant</li> </ul> <p><u>Renewal of GH Therapy:</u></p> <ul style="list-style-type: none"> <li>• Patient's growth should exceed 2 cm/year, AND</li> <li>• Pre-transplant, AND</li> <li>• Epiphyses are open</li> </ul>
SHOX deficiency, Turner Syndrome, Noonan Syndrome and Prader-Willi Syndrome	<ul style="list-style-type: none"> <li>• Diagnosis only is required, no additional testing is requested</li> </ul>

## Testing Requirements for Clients > 16 years of age

<b>Growth Hormone (Excluding Serostim and Zorbtive) Panhypopituitarism, Growth Hormone Deficiency or Idiopathic Short Stature in patients &gt; 16 years of age</b>	
<b>Diagnosis</b>	<b>Testing Requirements</b>
Panhypopituitarism	<p><u>Initiation of GH Therapy:</u></p> <ul style="list-style-type: none"><li>• IGF-1 level &lt; 160 ng/mL, AND</li><li>• Failure to respond to one growth hormone stimulation test (response ≤ 5ng/mL)</li></ul> <p><u>Renewal of GH Therapy:</u></p> <ul style="list-style-type: none"><li>• No additional testing is required</li></ul>
ISS	<p><u>Renewal of GH Therapy:</u></p> <ul style="list-style-type: none"><li>• If patient has been treated as a pediatric patient (≤ 16 years of age) and is requesting a refill, patient's growth should exceed 2 cm/year, AND</li><li>• Bone age &lt; 16 years, AND</li><li>• Epiphyses are open</li></ul>
GHD with no other pituitary deficiency	<p><u>Initiation of GH Therapy:</u></p> <ul style="list-style-type: none"><li>• IGF-1 level &lt; 160 ng/mL, AND</li><li>• Failure to respond to two growth hormone stimulation tests (response ≤ 5ng/mL)</li></ul> <p><u>Renewal of GH Therapy:</u></p> <ul style="list-style-type: none"><li>• No additional testing is required</li></ul>

Fee-for-service requests can be faxed to the Texas Prior Authorization Call Center at: 877-469-8590. For questions, please call 877-PA-TEXAS (877-728-3927)