

**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 ≤ 16 years of age

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	
Diagnosis	Testing Requirements
Panhypopituitarism	<u>Initiation of GH Therapy:</u> <ul style="list-style-type: none"> • IGF-1 level < 160 ng/mL, AND • Failure to respond (response ≤ 5ng/mL) to one growth hormone stimulation test (Note: children < 12 months of age are excluded from provocative testing) <u>Renewal of GH Therapy:</u> <ul style="list-style-type: none"> • No additional testing is required
Growth Hormone Deficiency	<u>Initiation of GH Therapy:</u> <ul style="list-style-type: none"> • Failure to respond (response < 10ng/mL) to at least 2 growth hormone stimulation tests (Note: children < 12 months of age are excluded from provocative testing), AND • Patient's height > 2.25 SD below the mean for age OR patient's height > 2 SD below the midparental height percentile, AND • Growth velocity < 25th percentile for bone age <u>Renewal of GH Therapy:</u> <ul style="list-style-type: none"> • Patient's growth should exceed 2 cm/year, AND • Epiphyses are open
Idiopathic Short Stature	<u>Initiation of GH Therapy:</u> <ul style="list-style-type: none"> • Height > 2.25 SD below the mean for age, AND • Predicted adult height < 63 inches for males and < 59 inches for females

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	
	<u>Renewal of GH Therapy:</u> <ul style="list-style-type: none"> • 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 • Epiphyses are open
Chronic Kidney Disease	<u>Initiation of GH Therapy:</u> <ul style="list-style-type: none"> • GFR \leq 75mL/min/1.73m², AND • Patient's height > 2.25 SD below the mean for age OR patient's height > 2 SD below the midparental height percentile OR patient's Z score < -1.88, AND • Pre-transplant <u>Renewal of GH Therapy:</u> <ul style="list-style-type: none"> • Patient's growth should exceed 2 cm/year, AND • Pre-transplant, AND • Epiphyses are open
SHOX deficiency, Turner Syndrome, Noonan Syndrome and Prader-Willi Syndrome	<ul style="list-style-type: none"> • Diagnosis only is required, no additional testing is requested

Testing Requirements for Clients > 16 years of age

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

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)