



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES**



**Office of Pharmacy Service
Prior Authorization Criteria**

**Growth Hormone for Adults
Prior Authorization Request Form**

Adult patients with growth hormone deficiency may be approved for replacement of endogenous growth hormone upon documentation of medical necessity from an endocrinologist. Requests will be reviewed and approved based upon the following conditions:

- 1) Childhood Onset - Patients who were growth hormone deficient during childhood and who have a continued deficiency which is confirmed by provocative testing.
- 2) Adult Onset - Patients who have growth hormone deficiency, either alone or with multiple pituitary hormone deficiencies, such as hypopituitarism, as a result of pituitary disease, surgery, hypothalamic disease, radiation therapy, or trauma.

Criteria for Approval for both conditions listed above:

- 1) Biochemical diagnosis of growth hormone deficiency by means of a negative response to an appropriate stimulation test ordered by the endocrinologist (Clonidine test is not acceptable for adults.); **AND**
- 2) No evidence of malignancy or other contraindication; **AND**
- 3) Other hormonal deficiencies addressed with adequate replacement therapy; **AND**
- 4) Base-line evaluation of the following clinical indicators
 - a. Insulin-like growth factor-1 (IGF-1)-also required following dosage change
 - b. Fasting lipid profile
 - c. BUN
 - d. Fasting glucose
 - e. Electrolyte levels
 - f. Evaluation of any new osteoarthritis and joint pain
 - g. Bone density test

Maximum dose – less than or equal to 0.025mg/kg daily (up to thirty-five (35) years of age)

Maximum dose – less than or equal to 0.0125mg/kg daily (thirty-five 35 years of age or older)



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Continuation of Growth Hormone Therapy for adults will be authorized with an annual evaluation of the following clinical indicators:

- 1) Insulin-like growth factor-1 (IGF-1) annually and following any change in dose
- 2) Fasting lipid profile
- 3) BUN
- 4) Fasting glucose
- 5) Electrolyte levels
- 6) Baseline bone testing (only required every three (3) years)
- 7) Evaluation of osteoarthritis and joint pain

In addition, the physician must submit a progress report, including documentation of efficacy, adverse effects and compliance. The report must include the date of the patient's last visit.