

## North Dakota Department of Human Services: Growth Hormone Prior Authorization Criteria

### Covered Indications:

1. Multiple pituitary hormone deficiencies caused by a known hypothalamic-pituitary disease or its treatment (brain surgery and/or radiation)
2. Turner's syndrome
3. SHOX syndrome
4. Noonan syndrome
5. Chronic renal insufficiency
6. Prader-Willi syndrome
7. Endogenous growth hormone deficiency

### For any authorization (initial or subsequent):

- Patient must not have active malignancy
- Prescriber must be an endocrinologist or nephrologist or prescriber must have at least one annual consultation about the patient with the pediatric specialty
- Patient must not have epiphyseal closure and must still be growing:
  - Exceptions:
    - Prader-Willi syndrome
    - Endogenous growth hormone deficiency - if patient is experiencing hypoglycemic episodes without growth hormone and growth hormone is needed to maintain proper blood glucose

### Additional Criteria for Subsequent Authorization

- Prader-Willi: If patient is obese, BMI must have decreased. If patient is not obese, BMI must have maintained or decreased.
- Patient must have been compliant with growth hormone (last 6 fills must have been on time).

### Additional criteria for Initial and Subsequent Authorizations:

1. Chronic renal insufficiency (initial and subsequent)
  - Patient must not have received a renal transplant
  - Patient must consult with a dietitian to maintain a nutritious diet
2. Prader-Willi syndrome (initial and subsequent)
  - Sleep apnea must be ruled out by sleep study in obese patients
  - Patient must consult with a dietitian to maintain a nutritious diet
3. Endogenous growth hormone deficiency (initial) – must meet ONE of below criteria
  - Patients with multiple pituitary hormone deficiencies caused by a known hypothalamic-pituitary disease or its treatment (brain surgery and/or radiation) must have an IGF-1 or IGFBP-3 level of less than SDS 1.3.
  - Patient must have had two GH stimulation tests by insulin, levadopa, L-arginine, propranolol, clonidine, or glucagon with a maximum peak of < 10ng/mL after stimulation no more than 6 months apart