



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



Office of Pharmacy Service  
Prior Authorization Criteria

Growth Hormone for Children under 21 years of age  
**Effective 1/1/2017**

[Prior Authorization Request Form](#)

Growth hormone will be approved for children meeting prior authorization criteria stated for the conditions listed below. In addition, all information and documentation requested on the prior authorization form, including height, weight, bone age, date of most current x-ray, stimulus test results, IGF-1 levels and a growth chart must be supplied.

**Growth Hormone Deficiency**

- 1) Standard deviation of 2.0 or more below mean height for chronological age; **AND**
- 2) No expanding intracranial lesion or tumor diagnosed; **AND**
- 3) Growth rate is:
  1. Below five (5) centimeters per year; OR
  2. Below ten (10) centimeters per year in children under 3 years of age; OR
  3. Below ten (10) centimeters per year during puberty

**AND**

- 4) Failure of any two stimuli test to raise the serum growth hormone level above 10 nanograms/milliliter; **AND**
- 5) Epiphyses must be open; **AND**
- 6) Bone age **15-16** years or less in females and **16-17** years or less in males
- 7) Females with bone age **>16** and males with bone age **>17** may be approved for maintenance therapy upon request by an endocrinologist. (**Maintenance dose is typically 50% of dose used to improve height**)

**Growth Retardation of Chronic Kidney Disease**

- 1) Standard deviation of 2.0 or more below mean height for chronological age; **AND**
- 2) No expanding intracranial lesion or tumor diagnosed; **AND**
- 3) Growth rate below five (5) centimeters per year; **AND**
- 4) Irreversible renal insufficiency with a creatinine clearance less than 75 ml/min per 1.73m<sup>2</sup> but pre-renal transplant; **AND**
- 5) Bone age 14-15 years or less in females and 15-16 years or less in males; **AND**
- 6) Epiphyses open.



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### Turner's Syndrome

- 1) Chromosomal abnormality showing Turner's syndrome; **AND**
- 2) Standard deviation of 2.0 or more below mean height for chronological age; **AND**
- 3) No expanding intracranial lesion or tumor diagnosed; **AND**
- 4) Bone age between 14-15 years; **AND**
- 5) Epiphyses open; **AND**
- 6) Growth rate below five (5) centimeters per year

### Neurosecretory Growth Retardation

- 1) Standard deviation of 2.0 or more below mean height for chronological age; **AND**
- 2) No expanding intracranial lesion or tumor diagnosed; **AND**
- 3) Growth rate below five (5) centimeters per year; **AND**
- 4) Bone age 14-15 years or less in females and 15-16 years or less in males; **AND**
- 5) Epiphyses open; **AND**
- 6) Mixed or normal response to any two (2) stimuli test in raising serum growth hormone above 10 nanograms/milliliter.

### Idiopathic Short Stature

- 1) A standard deviation of 2.25 or more below mean height for chronological age; **AND**
- 2) No expanding intracranial lesion or tumor diagnosed; **AND**
- 3) Growth rate is below five (5) centimeters per year; **AND**
- 4) Bone age is 14-15 years or less in females and 15-16 years or less in males and epiphyses are open; **AND**
- 5) A mixed or normal response to any two stimuli tests in raising serum growth hormone above 10 nanograms/milliliter; **AND**
- 6) The child is proportionally shorter than the predicted rate of growth from the parents height; **AND**
- 7) Requests must come from a pediatric endocrinologist.

### Prader Willi Syndrome, SHOX, or Noonan's Syndrome

- 1) Request must come from a pediatric endocrinologist; **AND**
- 2) Documentation and lab results must be submitted to support diagnosis (e.g., Prader-Willi Syndrome confirmed by genetic testing).

#### **AND one of the following:**

- a) Child has severe growth retardation with height standard deviation score (SDS) more than 3 SDS below the mean for chronological age and sex; **OR**



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- b) Child has moderate growth retardation with height SDS between -2 and -3 SDS below the mean for chronological age and gender AND decreased growth rate (growth velocity measured over one year below 25th percentile for age and sex); **OR**
- c) Child exhibits severe deceleration in growth rate (growth velocity measured over 1 year  $-2$  SDS below the mean for age and gender)

**Small for Gestational Age (SGA)**

- 1) Request must come from a pediatric endocrinologist; **AND**
- 2) Documentation to support diagnosis defined as birth weight or length 2 or more standard deviations below the mean for gestational age.
- 3) Child fails to manifest catch up growth before 2 years of age, defined as height 2 or more standard deviations below the mean for age and gender.
- 4) Note: Review must include evaluation of growth curves from birth

**References**

- 1) Update to Guidelines for the Use of Growth Hormone in Children: The Lawson Wilkins Pediatric Endocrinology Society Drug and Therapeutics Committee  
[https://www.pedsendo.org/education\\_training/healthcare\\_providers/consensus\\_statements/assets/sdarticle.pdf](https://www.pedsendo.org/education_training/healthcare_providers/consensus_statements/assets/sdarticle.pdf) (2003)
- 2) A review of guidelines for use of growth hormone in pediatric and transition patients Pituitary. 2012 Sep;15(3):301-10. doi: 10.1007/s11102-011-0372-6.
- 3) Growth Hormone Therapy Guidelines: Clinical and Managed Care Perspectives - [http://www.ajpb.com/journals/ajpb/2014/ajpb\\_septemberoctober2014/growth-hormone-therapy-guidelines-clinical-and-managed-care-perspectives](http://www.ajpb.com/journals/ajpb/2014/ajpb_septemberoctober2014/growth-hormone-therapy-guidelines-clinical-and-managed-care-perspectives)