

ALASKA MEDICAID  
Prior Authorization Criteria

**Somatropin (Growth Hormone)**  
Genotropin®, Humatrope®, Norditropin®, Nutropin®, Nutropin AQ®, Nutropin AQ NuSpin®,  
Omnitrope®, Saizen®, Skytrofa™, Zomacton®, Zorbtive®

**FDA-Labeled Indications:**

	GHD*: Children	GHD*: Adult	Growth failure due to Chronic Renal Insufficiency	Growth Failure in Children Born SGA*	Prader- Willi Syndrome in Children	Turner's Syndrome	Noonan Syndrome	ISS^	SHOX Deficiency	Short Bowel Syndrome
Genotropin <sup>1</sup>	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No	No
Humatrope <sup>2</sup>	Yes	Yes	No	Yes	No	Yes	No	Yes	Yes	No
Norditropin <sup>3</sup>	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	No
Nutropin <sup>4</sup>	Yes	Yes	Yes	No	No	Yes	No	Yes	No	No
Nutropin AQ <sup>4</sup>	Yes	Yes	Yes	No	No	Yes	No	Yes	No	No
Nutropin AQ NuSpin <sup>4</sup>	Yes	Yes	Yes	No	No	Yes	No	Yes	No	No
Saizen <sup>5</sup>	Yes	Yes	No	No	No	No	No	No	No	No
Skytrofa <sup>40</sup>	Yes	Yes	No	No	No	No	No	No	No	No
Omnitrope <sup>6</sup>	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No	No
Zomacton <sup>7</sup>	Yes	Yes	No	Yes	No	Yes	No	Yes	Yes	No
Zorbtive <sup>8</sup>	No	No	No	No	No	No	No	No	No	Yes

\*GHD (growth hormone deficiency). \*SGA (small for gestational age). ^ISS (Idiopathic short stature). `` Short Stature Homeobox-Containing gene

**Dosage Form/Strength:** <sup>1, 2, 3, 4, 5, 6, 7, 8, 40</sup>

- Genotropin: 12mg and 5.8mg powder for Injection
- Genotropin Miniquick: 0.2mg, 0.4mg, 0.6mg, 0.8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg powder for injection
- Humatrope: 5mg powder for injection
- Humatrope Cartridge Kit: 6mg, 12mg, 24mg powder for injection
- Norditropin FlexPro Prefilled Pen: 5mg/1.5mL, 10mg/1.5mL, 15mg/1.5mL, 30mg/3mL solution for injection
- Nutropin AQ NuSpin: 10mg, 20mg solution for injection
- Nutropin AQ NuSpin Cartridge: 5mg/2mL solution for injection
- Nutropin AQ Pen Cartridge: 10mg/2mL, 20mg/2mL
- Omnitrope: 5.8mg powder for injection
- Omnitrope: 5mg/1.5mL, 10mg/1.5mL solution for injection
- Saizen: 5mg, 8.8mg powder for injection
- Saizen Click.Easy Cartridge: 8.8mg powder for injection
- Skytrofa: : 3 mg, 3.6 mg, 4.3 mg, 5.2 mg, 6.3 mg, 7.6 mg, 9.1 mg, 11 mg and 13.3 mg
- Zomacton: 5mg, 10mg powder for injection
- Zorbtive: 8.8mg powder for injection

**Growth Chart References:**

Refer to the following location for links to the WHO and CDC growth charts:<sup>9</sup>

<http://www.cdc.gov/growthcharts/index.htm>

Growth Hormone criteria

Version 3

Approved: 4/29/2016

Effective for Dates of Service: 10/3/2016 and thereafter

Last updated: 4/17/2026

ALASKA MEDICAID  
Prior Authorization Criteria

**Step Therapy Criteria:**

*First-Line medications which must be tried for a period of at least 6 months and failed for an indication before a second-line medication will be approved\*:*

	<b>GHD Children</b>	<b>GHD Transition Adolescent</b>	<b>GHD Adult</b>	<b>Growth Failure due to Chronic Renal Insufficiency</b>	<b>Growth failure in Children Born SGA</b>	<b>Prader-Willi Syndrome</b>	<b>Turner's Syndrome</b>	<b>Noonan Syndrome</b>
<b>First-Line Medication(s)</b>	Genotropin, Norditropin, Nutropin	Genotropin, Norditropin, Nutropin	Genotropin, Norditropin, Nutropin	Nutropin	Genotropin, Norditropin	Genotropin, Norditropin	Genotropin, Norditropin, Nutropin	Norditropin
<b>Second-Line Medication(s)</b>	Humatrope, Omnitrope, Saizen, Skytrofa, Zomacton, Zorbtive	Humatrope, Omnitrope, Saizen, Skytrofa, Zomacton, Zorbtive	Humatrope, Omnitrope, Saizen, Zomacton, Zorbtive	Genotropin, Humatrope, Norditropin, Omnitrope, Saizen, Zomacton, Zorbtive	Humatrope, Nutropin, Omnitrope, Saizen, Zomacton, Zorbtive	Humatrope, Norditropin, Nutropin, Omnitrope, Saizen, Zomacton, Zorbtive	Humatrope, Omnitrope, Saizen, Zomacton, Zorbtive	Genotropin, Humatrope, Nutropin, Omnitrope, Saizen, Zomacton, Zorbtive

\* If the requested medication is listed in the "Second-Line Medication(s)" row for the patient's diagnosis, the patient must have tried and failed at least one of the "First-Line Medications" for the diagnosis, before a Second-Line medication may be approved. If the requested medication is one of the "First-Line Medications" for the patient's diagnosis, clinical criteria will apply, but no step therapy will be required.

ALASKA MEDICAID  
Prior Authorization Criteria

**Clinical Criteria Specific for Diagnosis:**

Indication	Approval Criteria	Denial Criteria	Reauthorization Approval Criteria	Reauthorization Denial Criteria
<b>Short stature associated with SHOX deficiency</b> 10, 11, 12, 13	Diagnosis confirmed by molecular or genetic testing	Diagnosis has not been confirmed by molecular or genetic testing	Pediatric patient who has not reached final adult height or completed linear growth	Patient has reached final adult height or has completed linear growth.
<b>Short stature associated with Noonan Syndrome</b> 13, 14, 15, 16	Diagnosis confirmed by molecular or genetic testing	<ul style="list-style-type: none"> <li>○ Diagnosis has not been confirmed by molecular or genetic testing</li> <li>○ Step Therapy Criteria in Table 1 is not met</li> </ul>	Pediatric patient who has not reached final adult height or completed linear growth	Patient who has reached final adult height or completed linear growth
<b>Short stature associated with Turner's Syndrome</b> 10, 13, 17, 18	Diagnosis confirmed by genetic testing	<ul style="list-style-type: none"> <li>○ Diagnosis has not been confirmed by genetic testing</li> <li>○ Step Therapy Criteria in Table 1 is not met</li> </ul>	Pediatric patient who has not reached final adult height or completed linear growth	Patient has reached final adult height or has completed linear growth
<b>Short stature associated with Prader-Willi Syndrome</b> 13, 19, 20	<ul style="list-style-type: none"> <li>○ Diagnosis confirmed by genetic testing</li> <li>○ Patient has a BMI less than 35 kg/m<sup>2</sup>.</li> <li>○ Patient does not have severe respiratory impairment or untreated severe obstructive sleep apnea</li> </ul>	<ul style="list-style-type: none"> <li>○ Diagnosis has not been confirmed by genetic testing</li> <li>○ The patient has a BMI ≥35 kg/m<sup>2</sup>.</li> <li>○ The patient has severe respiratory impairment or untreated severe obstructive sleep apnea.</li> <li>○ Step Therapy Criteria in Table 1 is not met</li> </ul>	<ul style="list-style-type: none"> <li>○ Patient has a BMI &lt;35 kg/m<sup>2</sup>.</li> <li>○ Patient does not have severe respiratory impairment or untreated severe obstructive sleep apnea</li> <li>○ Patient has not yet reached final adult height or completed linear growth</li> </ul>	<ul style="list-style-type: none"> <li>○ Patient has reached final adult height or has completed linear growth</li> <li>○ Patient has a BMI ≥35 kg/m<sup>2</sup>.</li> <li>○ Patient has severe respiratory impairment or untreated severe obstructive sleep apnea</li> </ul>

ALASKA MEDICAID  
Prior Authorization Criteria

Indication	Approval Criteria	Denial Criteria	Reauthorization Approval Criteria	Reauthorization Denial Criteria
<p><b>Pediatric growth failure due to chronic kidney disease</b> 13, 20, 21, 22, 23</p>	<ul style="list-style-type: none"> <li>○ Patient has a diagnosis of kidney failure with a GFR <math>\leq 25</math> mL/min/1.73 m<sup>2</sup> who is awaiting a kidney transplant.</li> <li>○ Patient has optimal dietary nutrition (caloric intake).</li> <li>○ Patient has growth failure as determined by height <math>\geq 2</math> standard deviations below the mean for age and gender</li> <li>○ Patient has growth velocity <math>&lt; 10^{\text{th}}</math> percentile of normal for age and gender over the past year</li> </ul>	<ul style="list-style-type: none"> <li>○ Patient does not have a diagnosis of kidney failure with a GFR <math>\leq 25</math> mL/min/1.73 m<sup>2</sup> who is awaiting a kidney transplant.</li> <li>○ Patient does not have optimal dietary nutrition (caloric intake).</li> <li>○ Patient does not have growth failure as determined by height <math>\geq 2</math> standard deviations below the mean for age and gender</li> <li>○ Patient does not have a growth velocity <math>&lt; 10^{\text{th}}</math> percentile of normal for age and gender over the past year.</li> <li>○ Patient has attained mid-parental target height. OR <ul style="list-style-type: none"> <li>▪ The patient's height is within the 3<sup>rd</sup> percentile of normal adult height (65 inches for boys and 60 inches for girls).</li> </ul> </li> <li>○ Patient's epiphyses are closed.</li> <li>○ Step Therapy Criteria in Table 1 is not met</li> </ul>	<ul style="list-style-type: none"> <li>○ Patient has not received a kidney transplant.</li> <li>○ Patient has previously received <math>\leq 3</math> years of growth hormone treatment.</li> <li>○ Patient has not attained mid-parental target height. OR <ul style="list-style-type: none"> <li>▪ The patient's height is not within the 3<sup>rd</sup> percentile of normal adult height (65 inches for boys and 60 inches for girls).</li> </ul> </li> <li>○ Patient's epiphyses have not closed.</li> </ul>	<ul style="list-style-type: none"> <li>○ Patient has received a kidney transplant.</li> <li>○ Patient has previously received <math>&gt; 3</math> years of growth hormone treatment.</li> <li>○ Patient has attained mid-parental target height. OR <ul style="list-style-type: none"> <li>▪ The patient's height is within the 3<sup>rd</sup> percentile of normal adult height (65 inches for boys and 60 inches for girls).</li> </ul> </li> <li>○ Patient's epiphyses are closed.</li> <li>○ Patient has reached final adult height or has completed linear growth</li> </ul>

ALASKA MEDICAID  
Prior Authorization Criteria

Indication	Approval Criteria	Denial Criteria	Reauthorization Approval Criteria	Reauthorization Denial Criteria
<b>Growth failure in children born small for gestational age (includes Intrauterine growth restriction or Russell-Silver syndrome)<sup>24</sup></b>	<ul style="list-style-type: none"> <li>○ Patient was born small for gestational age, defined as birth weight or length <math>\geq 2</math> standard deviations (SD) below the mean for gestational age</li> <li>○ Patient's growth has not caught up before 4 years of age, defined as height <math>&lt; 2</math> SD below the mean for age and gender</li> <li>○ Other causes for short stature have been ruled out</li> </ul>	<ul style="list-style-type: none"> <li>○ Patient was not born small for gestational age, defined as birth weight or length <math>\geq 2</math> standard deviations (SD) below the mean for gestational age</li> <li>○ Patient's growth has caught up before 4 years of age, defined as height <math>&lt; 2</math> SD below the mean for age and gender</li> <li>○ Other causes for short stature have not been ruled out</li> <li>○ Step Therapy Criteria in Table 1 is not met</li> </ul>	<ul style="list-style-type: none"> <li>○ Patient was born small for gestational age, defined as birth weight or length <math>\geq 2</math> standard deviations (SD) below the mean for gestational age</li> <li>○ Patient's height has not caught up to being <math>&lt; 2</math> SD below the mean for age and gender</li> <li>○ Pediatric patient who has not reached final adult height or completed linear growth</li> </ul>	<ul style="list-style-type: none"> <li>○ Patient was not born small for gestational age, defined as birth weight or length <math>\geq 2</math> standard deviations (SD) below the mean for gestational age</li> <li>○ Patient's height has caught up to being <math>&lt; 2</math> SD below the mean for age and gender</li> <li>○ Patient has reached final adult height or has completed linear growth</li> </ul>

ALASKA MEDICAID  
Prior Authorization Criteria

Indication	Approval Criteria	Denial Criteria	Reauthorization Approval Criteria	Reauthorization Denial Criteria
<p><b>Diagnosis of growth hormone deficiency in children</b> <sup>13, 20, 25, 26, 27</sup></p>	<ul style="list-style-type: none"> <li>○ Patient’s epiphyses are open.</li> <li>○ Patient has been evaluated, and ruled out, for other causes of growth failure (i.e. hypothyroidism, chronic illness, malignancy, celiac disease, malnutrition)</li> <li>○ Patient has growth failure AND has additional pituitary hormone deficiencies.</li> <li style="padding-left: 20px;">OR</li> <li>▪ Patient has growth failure, AND has had surgery or irradiation in the region of the hypothalamus or pituitary.</li> <li style="padding-left: 20px;">OR</li> <li>▪ Patient has a growth velocity of <math>\geq 2</math> standard deviations (SD) below the mean for age and gender for the past year</li> <li style="padding-left: 40px;">OR</li> <li style="padding-left: 40px;">a. Patient’s height is <math>\geq 2</math> SD below the mean for age and gender, AND a growth velocity <math>&gt; 1</math> SD below the mean for age for the past year</li> <li style="padding-left: 20px;">AND</li> <li>▪ Patient has had a documented subnormal response to 2 standard GH stimulation tests (defined by a serum GH concentration of <math>&lt; 10</math>ng/mL. Tests include insulin-induced hypoglycemia, arginine, glucagon, clonidine, propranolol, or L-dopa)</li> <li style="padding-left: 20px;">OR</li> <li style="padding-left: 40px;">a. Subnormal response to one GH stimulation test AND a documented low IGF-1 based on age &amp; gender normal values</li> </ul>	<ul style="list-style-type: none"> <li>○ Patient’s epiphyses are closed.</li> <li>○ Other causes of growth failure have not been ruled out.</li> <li>○ Patient has a growth velocity of <math>&lt; 2</math> standard deviations (SD) below the mean for age and gender for the past year</li> <li style="padding-left: 20px;">OR</li> <li>▪ Patient’s height is either <math>&lt; 2</math> SD below the mean for age and gender, OR the growth velocity is <math>\leq 1</math> SD below the mean for age for the past year</li> <li>○ Patient has not had a documented subnormal response to 2 standard GH stimulation tests.</li> <li style="padding-left: 20px;">OR</li> <li>▪ The patient has either not had a subnormal response to one GH stimulation test AND has not had a documented low IGF-1 based on age and gender normal values</li> <li style="padding-left: 20px;">OR</li> <li>○ Patient does not have growth failure AND additional pituitary hormone deficiencies.</li> <li style="padding-left: 20px;">OR</li> <li>○ Patient does not have growth failure, AND had surgery or irradiation in the region of the hypothalamus or pituitary.</li> <li>○ Step Therapy Criteria in Table 1 is not met</li> </ul>	<ul style="list-style-type: none"> <li>○ The patient’s epiphyses have not closed</li> <li>○ Patient’s pre-treatment growth rate has doubled,</li> <li style="padding-left: 20px;">OR</li> <li>▪ Patient has had an increase in pre-treatment growth rate of <math>\geq 3</math> cm/year for the first year of therapy,</li> <li style="padding-left: 20px;">OR</li> <li>▪ Patient’s growth rate is <math>\geq 2.5</math> cm/year for treatment beyond the first year of therapy</li> <li>○ The patient has not yet achieved Mid-Parental Height [Please Note: Mid-Parental Height = (father’s height + mother’s height) <math>\div</math> 2, plus 2.5 inches for males, or minus 2.5 inches for females],</li> <li style="padding-left: 20px;">OR</li> <li>▪ The patient’s height is within the 3<sup>rd</sup> percentile of normal adult height (65 inches for boys and 60 inches for girls).</li> </ul>	<ul style="list-style-type: none"> <li>○ Bone age = 16 years for males or = 14 years for females</li> <li>○ The patient’s epiphyses have closed</li> <li>○ Patient’s growth rate is <math>&lt; 2.5</math> cm/year for the past year.</li> <li>○ Whichever occurs sooner: <ul style="list-style-type: none"> <li>▪ Either the patient has reached Mid-Parental Height. [Please Note: Mid-Parental Height = (father’s height + mother’s height) <math>\div</math> 2, plus 2.5 inches for males, or minus 2.5 inches for females],</li> <li style="padding-left: 20px;">OR</li> <li>▪ The patient’s height is within the 3<sup>rd</sup> percentile of normal adult height (65 inches for boys and 60 inches for girls).</li> </ul> </li> </ul>

ALASKA MEDICAID  
Prior Authorization Criteria

Indication	Approval Criteria	Denial Criteria	Reauthorization Approval Criteria	Reauthorization Denial Criteria
<p><b>Diagnosis of growth hormone deficiency in a transition patient (an adolescent or young adult patient with childhood-onset GH deficiency, who has completed linear growth, and his/her growth rate is &lt; 2cm/ year):</b><sup>13, 28</sup></p>	<ul style="list-style-type: none"> <li>○ GH treatment has been stopped for at least one month after final height is achieved</li> <li>AND</li> <li>○ The diagnosis of GHD has been reconfirmed by one of the following,               <ul style="list-style-type: none"> <li>▪ Patient has ≥3 pituitary hormone deficiencies AND an IGF-1 level &lt;2.5 percentile off GH therapy,</li> </ul> </li> <li>OR</li> <li>▪ Patient has ≤2 pituitary hormone deficiencies AND an IGF-1 level &lt;50<sup>th</sup> percentile for age and gender, AND a suboptimal response to a growth hormone stimulation test.</li> <li>OR</li> <li>▪ The patient had childhood-onset growth hormone deficiency AND multiple pituitary hormone deficiencies AND a low IGF-1 level AND has a suboptimal response following at least one growth hormone stimulation test.</li> </ul>	<ul style="list-style-type: none"> <li>○ GH treatment has not been stopped for at least one month after final height is achieved</li> <li>○ The diagnosis of GHD has not been reconfirmed by one of the following,               <ul style="list-style-type: none"> <li>▪ Patient has ≥3 pituitary hormone deficiencies AND an IGF-1 level &lt;2.5 percentile off GH therapy.</li> <li>▪ Patient has ≤2 pituitary hormone deficiencies AND an IGF-1 level &lt;50<sup>th</sup> percentile for age and gender, AND a suboptimal response to a growth hormone stimulation test.</li> <li>▪ The patient had childhood-onset growth hormone deficiency AND multiple pituitary hormone deficiencies AND a low IGF-1 level AND had a suboptimal response following at least one growth hormone stimulation test.</li> </ul> </li> <li>▪ Step Therapy Criteria in Table 1 is not met</li> </ul>	<ul style="list-style-type: none"> <li>○ Patient has had a yearly clinical assessment and an evaluation for adverse effects, IGF-1 levels, and other parameters of GH response</li> <li>○ The patient’s clinical assessment indicates that the patient is responding to GH treatment</li> <li>○ The patient’s clinical assessment indicates that the patient continues to need GH treatment.</li> </ul>	<ul style="list-style-type: none"> <li>○ Patient has not had a yearly clinical assessment and an evaluation for adverse effects, IGF-1 levels, and other parameters of GH response</li> <li>○ The patient’s clinical assessment indicates that the patient is not responding to GH treatment.</li> <li>○ The patient’s clinical assessment indicates that the patient no longer needs GH treatment.</li> </ul>

ALASKA MEDICAID  
Prior Authorization Criteria

Indication	Approval Criteria	Denial Criteria	Reauthorization Approval Criteria	Reauthorization Denial Criteria
<b>Diagnosis of Adult Growth Hormone Deficiency</b> <sup>13, 28</sup>	<ul style="list-style-type: none"> <li>○ GH treatment has been stopped for at least a month</li> <li>○ Patient has ≥3 pituitary hormone deficiencies AND               <ul style="list-style-type: none"> <li>▪ Has an IGF-1 level &lt;2.5<sup>th</sup> percentile off GH therapy.</li> </ul> </li> <li>OR</li> <li>○ Patient has ≤2 pituitary hormone deficiencies AND               <ul style="list-style-type: none"> <li>▪ Has an IGF-1 level &lt;50<sup>th</sup> percentile for age and gender when off GH therapy, AND</li> <li>▪ Had a suboptimal response to a GH stimulation test.</li> </ul> </li> <li>OR</li> <li>○ Patient history of hypothalamic disease, cranial irradiation, surgery near pituitary gland/ hypothalamus, head trauma or aneurysmal subarachnoid hemorrhage. AND               <ul style="list-style-type: none"> <li>▪ Patient has multiple pituitary hormone deficiencies, AND</li> <li>▪ Patient has a serum IGF-1 level below the age and gender appropriate reference range when off GH therapy, AND</li> <li>▪ Patient had a subnormal response for age to at least one standard GH stimulation test.</li> </ul> </li> <li>○ Documented GHD in childhood AND               <ul style="list-style-type: none"> <li>▪ Patient had a subnormal response to 2 standard GH stimulation tests after being off GH therapy.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ GH treatment has not been stopped for at least one month</li> <li>○ Patient does not have ≥3 pituitary hormone deficiencies AND               <ul style="list-style-type: none"> <li>▪ An IGF-1 level &lt;2.5 percentile off GH therapy.</li> </ul> </li> <li>OR</li> <li>○ Patient does not have ≤2 pituitary hormone deficiencies AND               <ul style="list-style-type: none"> <li>▪ IGF-1 level &lt;50<sup>th</sup> percentile, AND</li> <li>▪ Suboptimal response to a GH stimulation test.</li> </ul> </li> <li>OR</li> <li>○ Patient without a history of cranial irradiation, hypothalamic disease, surgery near hypothalamus/ pituitary gland, aneurysmal subarachnoid hemorrhage, or head trauma. WITH               <ul style="list-style-type: none"> <li>▪ Multiple pituitary hormone deficiencies, AND</li> <li>▪ A serum IGF-1 level below the age and gender appropriate reference range when off GH therapy, AND</li> <li>▪ A subnormal response to at least one standard GH stimulation test when off GH therapy.</li> </ul> </li> <li>○ Patient has not had a diagnosis of GHD in childhood, AND               <ul style="list-style-type: none"> <li>▪ A subnormal response to 2 standard GH stimulation tests.</li> <li>▪ Step Therapy Criteria in Table 1 is not met</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Patient has had a yearly clinical assessment and an evaluation for adverse effects, IGF-1 levels, and other parameters of GH response.</li> <li>○ The patient’s clinical assessment indicates that the patient is responding to GH treatment</li> <li>○ The patient’s clinical assessment indicates that the patient continues to need GH treatment.</li> </ul>	<ul style="list-style-type: none"> <li>○ Patient has not had a yearly clinical assessment and an evaluation for adverse effects, IGF-1 levels, and other parameters of GH response</li> <li>○ The patient’s clinical assessment indicates that the patient is not responding to GH treatment.</li> <li>○ The patient’s clinical assessment indicates that the patient no longer needs GH treatment.</li> </ul>

Growth Hormone criteria  
Version 3  
Approved: 4/29/2016  
Effective for Dates of Service: 10/3/2016 and thereafter  
Last updated: 4/17/2026

ALASKA MEDICAID  
Prior Authorization Criteria

**Denial Criteria for All Requests:** 13, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39

- The patient has one or more of the following contraindications or exclusions to the use of GH therapy:
  - An active malignancy or history of malignancy in the past 12 months
  - Active proliferative or severe non-proliferative diabetic retinopathy
  - An acute critical illness; **OR**,
- Growth hormone is being used for a diagnosis of idiopathic short stature or short bowel syndrome; **OR**,
- Treatment of any diagnosis other than: GH deficiency, Prader-Willi syndrome, Noonan syndrome, SHOX deficiency, Turner's syndrome, growth failure in children born SGA (Including intrauterine growth restriction or Russell-Silver syndrome), or growth failure due to CKD.
  - Some examples of non-approvable diagnoses include: Cystic Fibrosis, Constitutional delay of growth and development, or central precocious puberty; **OR**,
- Being used to increase body mass or strength for professional, recreational, or social reasons (for example: athletes, bodybuilders) ; **OR**,
- Being used to reverse the effects of aging (anti-aging) ; **OR**,
- Being used to counteract an acute or chronic catabolic illness (excluding HIV/AIDs) which is causing protein wasting changes.
  - For example: burns, sepsis, surgery, trauma, cancer, chronic hemodialysis; **OR**,
- Concurrent use with Increlex® (mecasermin).

**Length of Authorization:**

- Initial coverage may be approved for up to 6 months.
- Subsequent re-authorizations may be approved for 12 months.

**Quantity Limit:** None

**References / Footnotes:**

<sup>1</sup> Genotropin Prescribing Information. Pfizer, Inc. NY, NY. May 2015.

<http://labeling.pfizer.com/ShowLabeling.aspx?id=577> . Accessed 4/13/2016.

<sup>2</sup> Humatrope Prescribing Information. Eli Lilly and Company. Indianapolis, IN. April 2015.

<http://uspl.lilly.com/humatrope/humatrope.html#pi>. Accessed 4/13/2016.

<sup>3</sup> Norditropin Prescribing Information. Novo Nordisk. Plainsboro, NJ. January 2026. <http://www.novo-pi.com/norditropin.pdf>. Accessed 4/7/2026.

<sup>4</sup> Nutropin Prescribing Information. Genentech, Inc. South San Francisco, CA. June 2014.

[http://www.gene.com/download/pdf/nutropin\\_aq\\_prescribing.pdf](http://www.gene.com/download/pdf/nutropin_aq_prescribing.pdf). Accessed 4/13/2016.

<sup>5</sup> Omnitrope Prescribing Information. Sandoz, Inc. Princeton, NJ. October 2014.

<https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=58d84ffa-4056-4e36-ad67-7bd4aef444a5&type=display>. Accessed 4/13/2016.

ALASKA MEDICAID  
Prior Authorization Criteria

- <sup>6</sup> Saizen Prescribing Information. EMD Serono, Inc. Rockland, MA. June 2014. [http://www.saizenus.com/wp-content/themes/saizen-us/pdfs/saizen.ce\\_pi\\_tcm115\\_19400.pdf](http://www.saizenus.com/wp-content/themes/saizen-us/pdfs/saizen.ce_pi_tcm115_19400.pdf). Accessed 4/13/2016.
- <sup>7</sup> Zomacton Prescribing Information. Ferring Pharmaceuticals, Inc. Parsippany, NJ. July 2018. <http://www.ferringusa.com/ZomactonPI.pdf>. Accessed 4/9/2026.
- <sup>8</sup> Zorbtive Prescribing Information. EMD Serono, Inc. Rockland, MA. January, 2012. <http://www.drugs.com/pro/zorbtive.html>. Accessed 4/13/2016.
- <sup>9</sup> "Growth Charts." National Center for Health Statistics. Centers for Disease Control and Prevention. Atlanta, GA. 9/9/2010. <http://www.cdc.gov/growthcharts/index.htm>. Accessed 4/21/2016.
- <sup>10</sup> Binder G, Rappold GA. SHOX Deficiency Disorders. GeneReviews. 12/12/2005, last updated 8/20/2015.
- <sup>11</sup> Iughetti L, Madeo S, Predieri B. "Growth hormone therapy in patients with short stature homeobox-gene (SHOX) deficiency." *J Endocrinol Invest*. 2010 Jun;33(6 Suppl):34-8.
- <sup>12</sup> Blum WF, Crowe BJ, Quigley CA, Jung H, Cao D, Ross JL, Braun L, Rappold G; SHOX Study Group. "Growth hormone is effective in treatment of short stature associated with short stature homeobox-containing gene deficiency: Two-year results of a randomized, controlled, multicenter trial." *J Clin Endocrinol Metab*. 2007 Jan;92(1):219-28.
- <sup>13</sup> Cook DM, Yuen KCJ, Biller BMK, Kemp SF, Vance ML. "American Association of Clinical Endocrinologists medical guidelines for clinical practice for growth hormone use in growth hormone-deficient adults and transition patients – 2009 Update." *Endocrine Practice*, Vol 15 (Suppl 2) September/October 2009.
- <sup>14</sup> Choi JH, Lee BH, Jung CW, Kim YM, Jin HY, Kim JM, Kim GH, Hwang JS, Yang SW, Lee J, Yoo HW. "Response to growth hormone therapy in children with Noonan syndrome: correlation with or without PTPN11 gene mutation." *Horm Res Paediatr*. 2012;77(6):388-93.
- <sup>15</sup> Zavras N, Meazza C, Pilotta A, Gertosio C, Pagani S, Tinelli C, Bozzola M. "Five-year response to growth hormone in children with Noonan syndrome and growth hormone deficiency." *Ital J Pediatr*. 2015 Oct 6;41:71.
- <sup>16</sup> Romano AA, Dana K, Bakker B, Davis DA, Hunold JJ, Jacobs J, Lippe B. "Growth response, near-adult height, and patterns of growth and puberty in patients with Noonan syndrome treated with growth hormone." *J Clin Endocrinol Metab*. 2009 Jul;94(7):2338-44.
- <sup>17</sup> Hjerrild BE, Mortensen KH, Gravholt CH. "Turner syndrome and clinical treatment." *Br Med Bull*. 2008;86:77-93.
- <sup>18</sup> Davenport ML, Crowe BJ, Travers SH, Rubin K, Ross JL, Fechner PY, Gunther DF, Liu C, Geffner ME, Thrailkill K, Huseman C, Zagar AJ, Quigley CA. "Growth hormone treatment of early growth failure in toddlers with Turner syndrome: a randomized, controlled, multicenter trial." *J Clin Endocrinol Metab*. 2007 Sep;92(9):3406-16.
- <sup>19</sup> Deal CL, Tony M, Höybye C, Allen DB, Tauber M, Christiansen JS, and the 2011 Growth Hormone in Prader-Willi Syndrome Clinical Care Guidelines Workshop Participants. "Growth Hormone Research Society Workshop Summary: Consensus Guidelines for Recombinant Human Growth Hormone Therapy in Prader-Willi Syndrome." *J Clin Endocrinol Metab*, June 2013, 98(6):E1072–E1087.
- <sup>20</sup> Wilson TA, Rose SR, Cohen P, Rogol AD, Backeljauw P, Brown R, Hardin DS, Kemp SF, Lawson M, Radovick S, Rosenthal SM, Silverman L, Speiser P. "Update of Guidelines for the Use of Growth Hormone in Children: The Lawson Wilkins Pediatric Endocrinology Society Drug and Therapeutics Committee." *J Pediatr* 2003;143:415-21.
- <sup>21</sup> National Institute of Diabetes and Digestive and Kidney Diseases. "Growth Failure in Children with Chronic Kidney Disease." Bethesda, MD. September, 2014. <http://www.niddk.nih.gov/health-information/health-topics/kidney-disease/growth-failure-in-children-with-kidney-disease/Pages/facts.aspx>. Accessed 4/13/2016.
- <sup>22</sup> Salas P, Pinto V, Rodriguez J, Zambrano MJ, Meriq V. "Growth Retardation in Children with Kidney Disease." *Int J Endocrinol*. 2013; 2013: 970946.
- <sup>23</sup> Fine RN. "Etiology and treatment of growth retardation in children with chronic kidney disease and end-stage renal disease: a historical perspective." *Pediatr Nephrol* (2010) 25:725-732.

Growth Hormone criteria  
Version 3

Approved: 4/29/2016

Effective for Dates of Service: 10/3/2016 and thereafter

Last updated: 4/17/2026

ALASKA MEDICAID  
Prior Authorization Criteria

- <sup>24</sup> Clayton PE, Cianfarani S, Czernichow P, Johannsson G, Rapaport R, Rogol A. "Consensus Statement: Management of the Child Born Small for Gestational Age through to Adulthood: A Consensus Statement of the International Societies of Pediatric Endocrinology and the Growth Hormone Research Society." *J Clin Endocrinol Metab*, March 2007, 92(3):804–810.
- <sup>25</sup> Richmond EJ, Rogol AD. "Diagnosis of growth hormone deficiency in children." Up To Date. Wolters Kluwer. 2016.
- <sup>26</sup> Rogol AD. "Treatment of growth hormone deficiency in children." Up To Date. Wolters Kluwer. 2016.
- <sup>27</sup> Growth Hormone Research Society Workshop on Child and Adolescent Growth Hormone Deficiency. "Consensus Guidelines for the Diagnosis and Treatment of Growth Hormone (GH) Deficiency in Childhood and Adolescence: Summary Statement of the GH Research Society." *J Clin Endocrinol Metab* 83: 3990-3993, 2000.
- <sup>28</sup> Molitch ME, Clemmons DR, Malozowski S, Merriam GR, Vance ML, Endocrine Society. "Evaluation and treatment of adult growth hormone deficiency: an Endocrine Society clinical practice guideline." *J Clin Endocrinol Metab*. 2011 Jun;96(6):1587-609.
- <sup>29</sup> Şıklar Z, Kocaay P, Çamtosun E, İsakoca M, Hacıhamdioğlu B, Savaş Erdeve Ş, Berberoğlu M. "The Effect of Recombinant Growth Hormone Treatment in Children with Idiopathic Short Stature and Low Insulin-Like Growth Factor-1 Levels." *J Clin Res Pediatr Endocrinol*. 2015 Dec 5;7(4):301-6.
- <sup>30</sup> Avilés Espinoza C, Bermúdez Melero C, Martínez Aguayo A, García Bruce H. "Adult height of children with idiopathic short stature treated with growth hormone therapy." *Rev Chil Pediatr*. 2016 Jan-Feb;87(1):37-42.
- <sup>31</sup> Wit JM, Boersma B, de Muinck Keizer-Schrama SM, Nienhuis HE, Oostdijk W, Otten BJ, Delemarre-Van de Waal HA, Reeser M, Waelkens JJ, Rikken B, *et al*. "Long-term results of growth hormone therapy in children with short stature, subnormal growth rate and normal growth hormone response to secretagogues. Dutch Growth Hormone Working Group." *Clin Endocrinol (Oxf)*. 1995 Apr;42(4):365-72.
- <sup>32</sup> Bryant J, Baxter L, Cave CB, Milne R. "Recombinant growth hormone for idiopathic short stature in children and adolescents." *Cochrane Database Syst Rev*. 2007 Jul 18;(3):CD004440.
- <sup>33</sup> Cohen P, Rogol AD, Deal CJ, Saenger P, Reiter EO, Ross JL, Chernausek SD, Savage MO, and Wit JM. "Consensus Statement on the Diagnosis and Treatment of Children with Idiopathic Short Stature: A Summary of the Growth Hormone Research Society, the Lawson Wilkins Pediatric Endocrine Society, and the European Society for Paediatric Endocrinology Workshop." *J Clin Endocrinol Metab*, November 2008, 93(11):4210–4217.
- <sup>34</sup> Jeppesen PB, Szkudlarek J, Høy CE, Mortensen PB. "Effect of high-dose growth hormone and glutamine on body composition, urine creatinine excretion, fatty acid absorption, and essential fatty acids status in short bowel patients: a randomized, double-blind, crossover, placebo-controlled study." *Scand J Gastroenterol*. 2001 Jan;36(1):48-54.
- <sup>35</sup> Guo MX, Li YS, Fan L, Li JS. "Growth hormone for intestinal adaptation in patients with short bowel syndrome: systematic review and meta-analysis of randomized controlled trials." *Curr Ther Res Clin Exp*. 2011 Jun;72(3):109-19.
- <sup>36</sup> Wales PW, Nasr A, de Silva N, Yamada J. "Human growth hormone and glutamine for patients with short bowel syndrome." *Cochrane Database Syst Rev*. 2010 Jun 16;(6):CD006321.
- <sup>37</sup> Scolapio JS, Camilleri M, Fleming CR, Oenning LV, Burton DD, Sebo TJ, Batts KP, Kelly DG. "Effect of growth hormone, glutamine, and diet on adaptation in short-bowel syndrome: a randomized, controlled study." *Gastroenterology*. 1997 Oct;113(4):1074-81.
- <sup>38</sup> Phung OJ, Coleman CI, Baker EL, *et al*. "Effectiveness of Recombinant Human Growth Hormone (rhGH) in the Treatment of Patients With Cystic Fibrosis." *Comparative Effectiveness Reviews*, No. 23. Rockville (MD): Agency for Healthcare Research and Quality (US); 2010 Oct.

ALASKA MEDICAID  
Prior Authorization Criteria

<sup>39</sup> Drug Enforcement Administration: Office of Diversion Control. "Human Growth Hormone." August, 2013. [http://www.deadiversion.usdoj.gov/drug\\_chem\\_info/hgh.pdf](http://www.deadiversion.usdoj.gov/drug_chem_info/hgh.pdf). Accessed 4/13/2016.

<sup>40</sup> Skytrofa (lonapegsomatropin-tcgd) [package insert]. Palo Alto, CA: Ascendis Pharma, Inc.; September 2025.