

Louisiana Medicaid Growth Hormones

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical ~~pre~~-authorization for growth hormone agents.

[Additional Point-of-Sale edits may apply.](#)

[Some of these agents may have Black Box Warnings and/or are subject to Risk Evaluation and Mitigation Strategy \(REMS\) under FDA safety Regulations. Please refer to individual prescribing information for details.](#)

ADULTS AND CHILDREN		
Somatotropin Brand Examples	Required ICD-10 Codes	Diagnosis Description
Genotropin [®] , Humatrope [®] , Norditropin [®] , Nutropin AQ [®] , Omnitrope [®] , Saizen [®] , Zomacton [®] TM	E23.0 E23.1 E89.3	Growth Hormone Deficiency (GHD) - Adult, Children <ul style="list-style-type: none"> ○ Iatrogenic Hypopituitarism ○ Drug-induced Hypopituitarism ○ Post Procedural Hypopituitarism
Nutropin AQ [®]	N25.0	Growth failure in children associated with renal insufficiency or chronic kidney disease; until the time of renal transplantation
Genotropin [®] , Humatrope [®] , Norditropin [®] , Nutropin AQ [®] , Omnitrope [®] , Zomacton[®] ZomactonTM	Q96*	Turner Syndrome
Genotropin [®] , Norditropin [®] , Omnitrope [®]	Q87.1	Prader-Willi Syndrome
Norditropin [®]	Q87.1	Noonan Syndrome
Genotropin [®] , Humatrope [®] , Norditropin [®] , Omnitrope [®] , Saizen[®] , ZomactonTM Zomacton[®]	P05.1*	Small for gestational age at birth (fetal growth retardation) who fail to manifest catch-up growth or with no catch-up growth by age 2 to 4.
Genotropin[®], Humatrope[®], Norditropin[®], Nutropin AQ[®], Omnitrope[®], Zomacton[®] ZomactonTM	R62.52E34.3	Short stature <u>or growth failure in short stature homeobox-containing gene (SHOX) deficiency in children associated with Idiopathic Small Stature-SHOX gene mutation/deficiency</u>
ADULTS ONLY		
Serostim [®]	R64	HIV-associated cachexia or wasting
Zorbtive [®]	K90.2, K91.2	Blind Loop Syndrome, Post-Surgical Malabsorption NEC (Alternative name: Short Bowel Syndrome)

*Any number or letter or combination of UP TO FOUR numbers and letters of an assigned ICD-10-CM diagnosis code

~~General Approval Criteria~~ Criteria for ALL both preferred and non-preferred Growth Hormone hormone agents: (ALL criteria must be met)

~~Initial Approval Criteria:~~

- The recipient ~~must have~~has an appropriate diagnosis ~~appropriate~~ for the growth hormone agent requested (see table above); **AND**
- The ~~growth hormone agent must be prescribed~~growth hormone is prescribed by, or by or the request states that the medication it is prescribed in consultation with an endocrinologist, gastroenterologist or nephrologist (as applicable); **AND**
- ~~Requests for non-preferred agents require clinical justification as to why~~ Previous use of a preferred agent cannot be used. Justification may include but is not limited to any of the following product – ONE of the following is required:
 - ~~Recipient~~ The recipient must havehas had a *treatment failure* with an adequate trial (3 months) of at least one preferred product; **OR**
 - ~~Recipient~~ The recipient must havehas had an *intolerable side effect* ~~to~~with at least one preferred product; **OR**
 - ~~Recipient~~ The recipient must havehas documented *contraindication(s)* to all of the preferred products that are appropriate to use for the condition being treated; **OR**
 - There is *no preferred product appropriate* to use for the condition being treated; **AND**
- By submitting the authorization request, the prescriber attests to the following:
 - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
 - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
 - The recipient has no ~~inappropriate~~ concomitant drug therapies or disease states that limit the use of the requested medication and will not receive the requested medication in combination with any medication that is contraindicated or not recommended per FDA labeling; **AND**
 - There is confirmation of open growth plates in recipients older than 12 years of age (if applicable).

~~Reauthorization~~ Approval ~~Criteria~~

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- ~~All initial criteria continue to be met~~ The recipient continues to meet initial approval criteria; **AND**
- ~~The prescriber states on the request that the recipient is established on the medication with here is~~ evidence of a positive response to therapy as indicated by improvement in signs,

- ~~—symptoms, and lab results compared to baseline.~~

Duration of initial and reauthorization approval:

- For ~~a diagnosis of blind loop syndrome or~~ post-surgical malabsorption: **4 weeks**
- For HIV-associated cachexia or wasting: **12 weeks**
- For all other diagnoses (NOT ~~blind loop syndrome,~~ post-surgical malabsorption or HIV-associated cachexia or wasting): **12 months**

References

Genotropin (~~Somatropin~~somatropin) [package insert]. New York, NY: Pfizer Inc; ~~April 2016~~2019. Retrieved at <http://labeling.pfizer.com/ShowLabeling.aspx?id=577>

Humatrope (~~Somatropin~~somatropin) [package insert]. Indianapolis, IN: Eli Lilly and Company; ~~October 2016~~2019. Retrieved at <http://pi.lilly.com/us/humatrope-pi.pdf>

Norditropin (~~Somatropin~~somatropin) [package insert]. Plainsboro, NJ: Novo Nordisk Inc; ~~March 2018~~2020. Retrieved at <https://www.novo-pi.com/norditropin.pdf>

Nutropin AQ (~~Somatropin~~somatropin) [package insert]. South San Francisco, CA: Genentech Inc; ~~December 2016~~. Retrieved at https://www.gene.com/download/pdf/nutropin_aq_prescribing.pdf

Omnitrope (~~Somatropin~~somatropin) [package insert]. Princeton, NJ: Sandoz Inc; ~~June 2016~~2019. Retrieved at <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=58d84ffa-4056-4e36-ad67-7bd4aef444a5&type=display>

Saizen (~~Somatropin~~somatropin) [package insert]. Rockland, MA: EMD Serono Inc; ~~February 2018~~2020. Retrieved at <https://www.emdserono.com/us-en/pi/saizen-ce-pi.pdf>

Serostim (~~Somatropin~~somatropin) [package insert]. Rockland, MA: EMD Serono Inc; ~~June 2018~~2019. Retrieved at <https://www.emdserono.com/us-en/pi/serostim-pi.pdf>

Zomacton (~~Somatropin~~somatropin) [package insert]. Parsippany, NJ: Ferring Pharmaceuticals; ~~July 2018~~. Retrieved at <http://www.ferringusa.com/wp-content/uploads/2018/07/ZOMACTON-PI-7-18.pdf>

Zorbitive (~~Somatropin~~somatropin) [package insert]. Rockland, MA: EMD Serono Inc; ~~May September 2019~~2017. Retrieved at https://medical.emdserono.com/content/dam/web/health-care/biopharma/web/USMI/Forms/Zorbitive_PI.pdf
~~https://www.accessdata.fda.gov/drugsatfda_docs/label/2003/20604s026_zorbitive_lbl.pdf~~

Revision / <u>Date</u>	<u>Date</u>Implementation <u>Date</u>
Single PDL Implementation	May 2019
Removed Fee-for-Service from title, made formatting revisions, removed footer / <u>December 2019</u>	December 2019 <u>January 2020</u>
<u>Updated SHOX diagnosis code, updated</u> indications, formatting changes, updated <u>references / May 2021</u>	March 2021