

**Prior Authorization Criteria for Coverage of Growth Hormone
in Non-Growth Hormone Deficient Children**

Growth Hormone will be approved for use in children with non-growth hormone deficiency if the following criteria are met:

1. There is a standard deviation of 2.25 or more below mean height for chronological age.
2. No expanding intracranial lesion or tumor diagnosed.
3. Growth rate is below five centimeters per year.
4. Bone age is 14-15 years or less in females and 15-16 years or less in males and epiphyses are open.
5. There is a mixed or normal response to any two stimuli tests in raising serum growth hormone above 10 nanograms/milliliter.
6. The child is proportionally shorter than the predicted rate of growth from the parents height.
7. Requests must come from a pediatric endocrinologist who certifies that the child's ability to participate in basic activities of daily living is limited by their short stature and the child has a condition for which growth hormone is effective (or will possibly be effective during the initial trial of therapy).
8. Authorization for continued therapy should be based on adequate clinical response defined as either 1) growth rate that doubles in the first year of therapy, or 2) growth increases by ≥ 3 cm/year (in addition to their baseline growth.)

Adopted 11/15/2004