GROWTH HORMONE THERAPY (GHT)

Description

Growth Hormone Therapy (GHT), also known as somatotropin, is an accepted medical treatment for select clinical conditions related to pituitary dysfunction and certain growth disorders in adults and children.

THC considers requests for GHT on a case-by-case basis when submitted documentation demonstrates medical necessity and clinical decision criteria is satisfied. THC utilizes criteria derived from evidenced based medicine and nationally accepted Standards of Care. Additional factors taken into consideration during the clinical review process include (not all inclusive)\(^{(1)}\):

a. Age
b. Pertinent past and current medical history
c. Current treatment and progress
d. Individual need
e. Local Delivery System
f. Psychosocial factors/home environment (when applicable)

Decision Criteria

Administrative
1. Referral by Primary Care Physician along with appropriate supporting medical documentation
2. Services must be performed by a Total Health Care affiliated or contracted physician, hospital, or other provider
3. Prior authorization by Plan’s Medical Director

Clinical\(^{(2)}\)
1. Adults/children with pituitary disease including tumor; pituitary damage due to surgery; pituitary-hypothalamic diseases (sarcoidosis, Sheehan’s); irradiation; and trauma
2. Adults with re-confirmed Growth Hormone Deficiency (GHD)
3. Adult onset GHD
4. Adult/children with short bowel syndrome receiving specialized nutritional support in conjunction with optimal management of disorder
5. Adult/children with growth retardation related to chronic renal insufficiency (pre-transplantation)
6. Adults with AIDS wasting syndrome (defined as >10% of baseline weight loss that cannot be explained by a concurrent illness other than HIV infection)
7. Adult/children with complete hypopituitarism and low Insulin-like Growth Factor (IGF)
8. Children with growth retardation related to Turner Syndrome
9. Children with Prader-Willi Syndrome
10. Infants born small for gestational age and remain below the 3rd percentile in height and weight at 24 months of life
11. Intrauterine Growth Retardation

Exclusions
1. Children with bone age $>$ 16 years (male) or $>$ 14 years (female) \(^{(3)}\)
2. Epiphyseal fusion has occurred
3. Mid-parental height is achieved (father + mother’s heights divided by 2, and (+) 2.5 inches for male or (-) 2.5 inches for female \(^{(3)}\)
4. Precocious puberty
5. Treatment of altered body habitus associated with antiretroviral therapy of HIV infection
6. GHT in older adults without documented generalized pituitary deficiency \(^{(4)}\)
7. Use as an anti-aging agent
8. Performance-enhancing drug for athletes

Bibliography
1. NCQA. Standards and Guidelines for the Accreditation of MCOs for 2006. [www.ncqa.org/main/support.htm](http://www.ncqa.org/main/support.htm).