Drug Name: Nutropin NuSpin (somatropin)
Date: 9-2017

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Required Medical Information:	*Patient's diagnosis is one of the following:* • **Growth Hormone Deficiency (pediatrics)**: o Patient is being treated under the care of a pediatric endocrinologist; *and* o Patient has abnormally low values (< 10 ng/mL) of serum GH on two provocative tests; *and* o Patient height is greater than 2 standard deviations below the mean height for normal children of the same age; *and* o There is no evidence of epiphyseal closure after careful review; *and* o Patient has been evaluated for alternative diagnoses that suppress growth hormone secretion (e.g. hypothyroidism, chronic non-endocrine disease, etc.); *and* o With growth hormone therapy, patient demonstrates a continued growth rate of greater than 4 cm per year. • **Small for gestational age (pediatrics)**: o Patient is being treated under the care of a pediatric endocrinologist; *and* o Patient has a birth weight and/or length that is at least 2 standard deviations below the mean for gestational age whose height remains less than or equal to 2 standards deviations below the mean by two years of age; *and* o Total treatment duration will not exceed 2 years. • **Prader-Willi Syndrome (PWS) or Turner's Syndrome (pediatrics)**: o Patient is being treated under the care of a pediatric endocrinologist; *and* o Chromosomal information is consistent with the disease. • **Idiopathic Short Stature (IDSS) (pediatrics)**: o Patient is being treated under the care of a pediatric endocrinologist; *and* o Patient has been evaluated for all other diagnoses that may cause short stature and demonstrates a predicted final height to be less than 3 standard deviations (which is associated with growth rates that are unlikely to lead to adult height within the normal genetic potential); *and*

	○ Patient's current bone age is 10 to 14. • **Growth Hormone Deficiency (adults)**: ○ Patient is under the care of an endocrinologist; *and* ○ Patient has documented abnormally low values (less than 10 ng/mL) of serum GH on two provocative tests; *and* ○ Patient is being treated for somatopin deficiency as a result of a pituitary disease, hypothalamic disease, surgery, trauma, radiation therapy, OR adult with child-onset growth hormone deficiency continues to require therapy for normal homeostasis. • **AIDS wasting or cachexia**: ○ Patient has failed a trial of megestrol acetate (Megace®) at an adequate dose and for an appropriate duration due to intolerance and/or inadequate response; *and* ○ Patient is adherent to concomitant antiviral therapy. • **Growth failure associated with chronic renal insufficiency**: ○ Patient has chronic kidney disease (CKD stage 4 or 5); *and* ○ Patient is in adequate metabolic control (PTH no less than 4 times normal, Ca 8.5-10.5 mg/dL, Phos 4.0-6.0 mg/dL) AND can maintain caloric intake needed to support growth; *and* ○ Growth hormone will significantly improve quality of life for patient who is in end stage renal disease and is awaiting renal transplant; *and* ○ Pediatric patient who has, prior to growth hormone treatment, demonstrated a growth rate of no less than 3 cm per year. • **Growth failure associated with chronic renal insufficiency in pediatric patients post-renal transplant**: ○ Pediatric patient with recent renal transplant is maintained on stable immunosuppression; *and* ○ Patient has a post-transplant rate of less than 3 cm per year; *and* ○ There is no evidence of epiphyseal closure after careful review at 6-month intervals.
Coverage Duration:	• **Initial**: 6 months • **Renewals**: 6 months