

# Growth Hormone

## Prior Authorization Criteria for the TRICARE Mail Order Pharmacy (TMOP) and the TRICARE Retail Pharmacy (TRRx) Program

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Brand names for growth hormone products (somatropin or somatrem) on the DoD Uniform Formulary include Nutropin, Nutropin AQ, Norditropin, Norditropin Nordiflex, Serostim, Tev-Tropin, and Zorbtive. Genotropin, Humatrope, Omnitrope, and Saizen are non-formulary (Tier 3). All require prior authorization.

The following criteria were established by the DoD Pharmacy & Therapeutics (P&T) Committee for growth hormone products obtained through the TRICARE Mail Order Pharmacy (TMOP) or retail network pharmacies as part of the TRICARE Retail Pharmacy (TRRx) Program. The prior authorization form for growth hormone products is available on the [TRICARE Pharmacy Prior Authorization page](#). This prior authorization is good for a year.

### **Prior Authorization Criteria for Growth Hormone Products (Somatropin, Somatrem)**

Coverage provided for:

- Growth Hormone Deficiency in children and adults as a result of pituitary disease, hypothalamic disease, surgery or radiation therapy
- Chronic renal insufficiency before renal transplantation with associated short stature
- Other known renal indications: autorecessive polycystic kidney disease, cystinosis and hypophosphatemic rickets in the pediatric population
- Short stature in patients with Turner Syndrome or Prader-Willi syndrome
- Infants born small for gestational age that have not reached age appropriate height by 24 months of age
- Human immunodeficiency virus-associated wasting in adults
- Noonan Syndrome
- Short stature homeobox gene (SHOX) deficiency

Coverage NOT provided for:

- Idiopathic Short Stature
- Depression, Aging or Obesity

*(Criteria approved in February 2004 by the DoD Pharmacy & Therapeutics Committee, modified Aug 2007 to include new FDA-approved indications)*