

## Pre - PA Allowance

None

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## Prior-Approval Requirements

**Age** 2 years of age or older

### Diagnoses

Patient must have **ONE** of the following:

1. Severe primary insulin-like growth factor-1 (IGF-1) deficiency
  - a. Height standard deviation score  $\leq$  -3.0
  - b. Basal IGF-1 standard deviation score  $\leq$  -3.0
  - c. Normal or elevated growth hormone (GH)
2. Growth Hormone (GH) gene deletion
  - a. Developed neutralizing antibodies to growth hormone (GH)

**AND ALL** of the following:

1. Open epiphyses
2. **NO** evidence of active tumor or neoplasm
3. **NOT** for intravenous administration

## Prior - Approval Limits

**Duration** 12 months

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## Prior – Approval *Renewal* Requirements

Same as above

## Prior - Approval *Renewal* Limits

Same as above