

HEADER INFORMATION

Owner Department:	Pharmacy Dept
Subject:	Medicare Part D Growth Hormone Policy
Owner:	Pharmacy
Affected Departments:	Pharmacy, Medicare
Effective Date:	1.1.2011
Revision Date:	
Review Date:	1.1.2013
Policy #:	
Policy Applies To:	Medicare Advantage members with Part D

PURPOSE OF THE POLICY

To review for appropriate diagnosis and treatment of Growth Hormone therapies, for new start only.

STATEMENT OF THE POLICY

Health Alliance Medical Plans will review prior authorization requests for appropriate FDA approved indications for the use of Growth Hormone therapies.

PROCEDURES

1. Approved for all FDA approved indications, not otherwise excluded, for Part D.

HISTORY

- 1.1.2011-Thowerton- all HAMP criteria removed due to Dec 2010 CMS Outlier Justifications
- 1.1.2012-Thowerton-P&T no changes

APPROVED BY

Signature(s): _____
(Signature copies are kept in Compliance)

Date: _____