

**Texas Prior Authorization Program
Clinical Edit Criteria**

Drug/Drug Class**Growth Hormone****Clinical Edit Information Included in this Document****Excluding Serostim[®] / Zorbtive[®]**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable

Serostim

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
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Note: Click the hyperlink to navigate directly to that section.

Zorbtive

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

- Added Omnitrope 5.8mg vial and Omnitrope 10mg/1.5mL cartridge to the "Drugs Requiring Prior Authorization" section for Growth Hormone Excluding Serostim/Zorbtive
- Updated document to include NDCs for "Drugs Requiring Prior Authorization"



Growth Hormone Excluding Serostim / Zorbtive Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization		
Label Name	NDC	GCN
GENOTROPIN 12 MG CARTRIDGE	00013264681	10554
GENOTROPIN MINIQUICK 0.2 MG	00013264902	50177
GENOTROPIN MINIQUICK 0.4 MG	00013265002	50187
GENOTROPIN MINIQUICK 0.8 MG	00013265202	50207
GENOTROPIN MINIQUICK 1.2 MG	00013265402	21450
GENOTROPIN MINIQUICK 1.4 MG	00013265502	21451
GENOTROPIN MINIQUICK 1.6 MG	00013265602	21452
GENOTROPIN MINIQUICK 1.8 MG	00013265702	21453
GENOTROPIN MINIQUICK 2 MG	00013265802	21454
GENOTROPIN MINIQUICK 0.6 MG	00013265102	50197
GENOTROPIN 5 MG CARTRIDGE	00013262681	63408
GENOTROPIN MINIQUICK 1 MG	00013265302	50217
HUMATROPE 5 MG VIAL	00002733511	25963
HUMATROPE 6 MG CARTRIDGE	00002814701	25969
HUMATROPE 12 MG CARTRIDGE	00002814801	00575
HUMATROPE 24 MG CARTRIDGE	00002814901	25957
NORDITROPIN NORDIFLEX 30 MG/3	00169770311	25816
NORDITROPIN FLEXPPO 5 MG/1.5	00169770421	24145
NORDITROPIN FLEXPPO 15 MG/1.5	00169770821	24147
NORDITROPIN FLEXPPO 10 MG/1.5	00169770521	24146
NUTROPIN AQ PEN CARTRIDGE	50242004314	17475
NUTROPIN AQ 20 MG/2ML PEN CART	50242007301	99320
NUTROPIN AQ NUSPIN 10 PEN CART	50242007401	17475
NUTROPIN AQ NUSPIN 5 PEN CART	50242007501	27846
NUTROPIN AQ NUSPIN 20 PEN CART	50242007601	99320
OMNITROPE 5 MG/1.5 ML CRTG	00781300107	92386
OMNITROPE 5 MG/1.5 ML CRTG	00781300126	92386
OMNITROPE 10 MG/1.5 ML CRTG	00781300407	92366
OMNITROPE 10 MG/1.5 ML CRTG	00781300426	92366
OMNITROPE 5.8 MG VIAL	00781400436	93215
SAIZEN 5 MG VIAL	44087100502	25955
SAIZEN 8.8 MG CLICK.EASY CARTG	44087108001	23695
SAIZEN 8.8 MG VIAL	44087108801	12767
TEV-TROPIN 5 MG VIAL	57844071319	25955

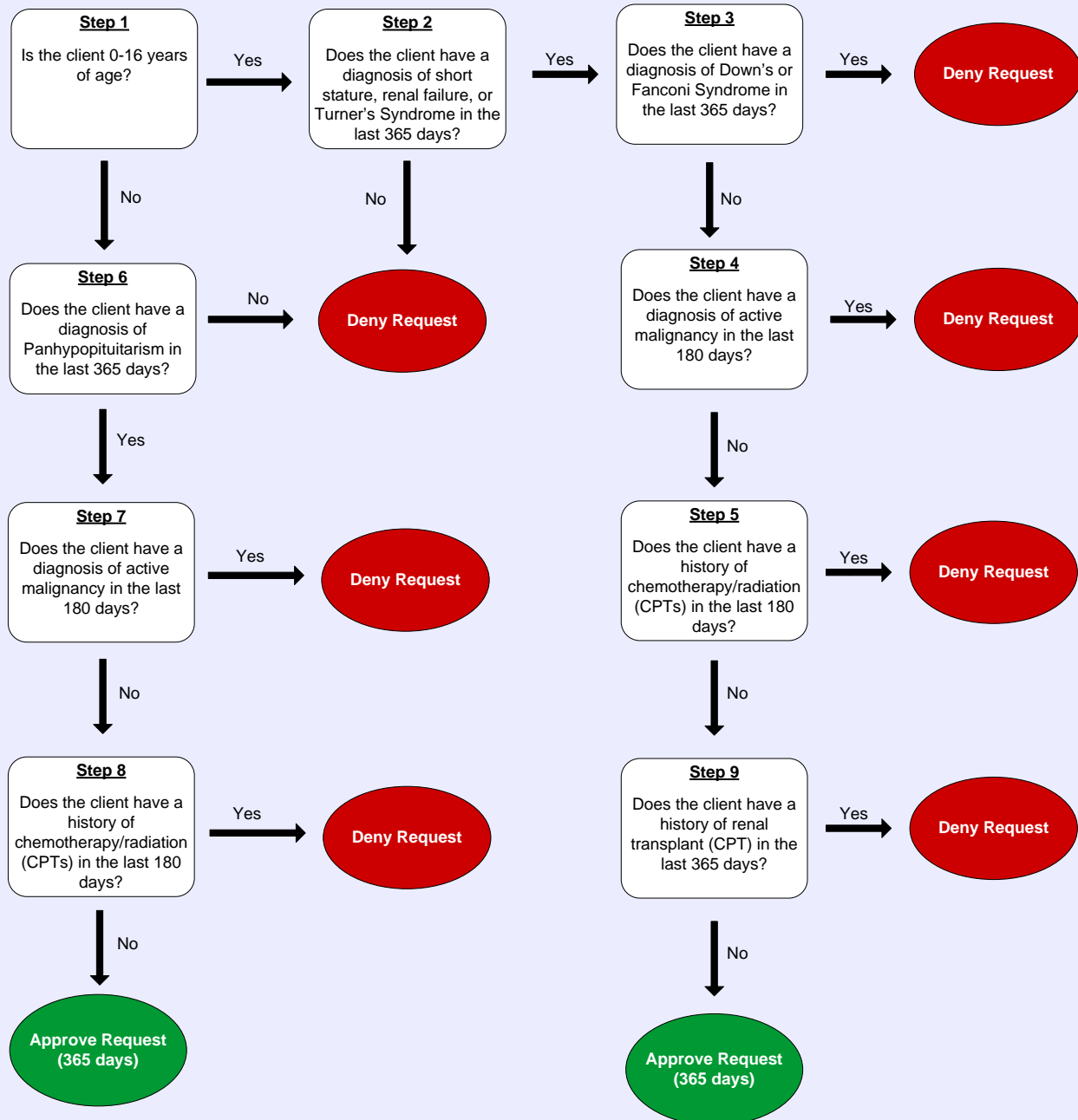


Growth Hormone Excluding Serostim / Zorbtive Clinical Edit Criteria Logic

1. Is the client 0 to 16 (> 0 and ≤ 16) years of age?
 Yes (Go to #2)
 No (Go to #6)
2. Does the client have a diagnosis of short stature, renal failure, or Turner's Syndrome in the last 365 days?
 Yes (Go to #3)
 No (Deny)
3. Does the client have a diagnosis of Down's or Fanconi Syndrome in the last 365 days?
 Yes (Deny)
 No (Go to #4)
4. Does the client have a diagnosis of active malignancy in the last 180 days?
 Yes (Deny)
 No (Go to #5)
5. Does the client have a history of chemotherapy/radiation (CPTs) in the last 180 days?
 Yes (Deny)
 No (Go to #9)
6. Does the client have a diagnosis of Panhypopituitarism in the last 365 days?
 Yes (Go to #7)
 No (Deny)
7. Does the client have a diagnosis of active malignancy in the last 180 days?
 Yes (Deny)
 No (Go to #8)
8. Does the client have a history of chemotherapy/radiation (CPTs) in the last 180 days?
 Yes (Deny)
 No (Approve – 365 days)
9. Does the client have a history of a renal transplant (CPT) in the last 365 days?
 Yes (Deny)
 No (Approve – 365 days)



Growth Hormone Excluding Serostim / Zorbtive Clinical Edit Criteria Logic Diagram





Growth Hormone Excluding Serostim / Zorbtive Clinical Edit Criteria Supporting Tables

Step 2 (diagnosis of short stature, renal failure, or Turner's Syndrome)	
Required diagnosis: 1	
Look back timeframe: 365 days	
Short Stature, Renal Failure, or Turner's Syndrome Diagnoses	
ICD-9 Code	Description
585	CHRONIC RENAL FAILURE
586	RENAL FAILURE NOS
587	RENAL SCLEROSIS NOS
2532	PANHYPOPITUITARISM
2533	PITUITARY DWARFISM
2537	IATROGENIC PITUITARY DIS
5810	NEPHROTIC SYN, PROLIFER
5811	EPIMEMBRANOUS NEPHRITIS
5812	MEMBRANOPROLIF NEPHROSIS
5813	MINIMAL CHANGE NEPHROSIS
5819	NEPHROTIC SYNDROME NOS
5820	CHR PROLIFERAT NEPHRITIS
5821	CHR MEMBRANOUS NEPHRITIS
5822	CHR MEMBRANOPROLIF NEPHR
5824	CHR RAPID PROGR NEPHRIT
5829	CHRONIC NEPHRITIS NOS
5830	PROLIFERAT NEPHRITIS NOS
5831	MEMBRANOUS NEPHRITIS NOS
5832	MEMBRANOPROLIF NEPHR NOS
5834	RAPIDLY PROG NEPHRIT NOS
5836	RENAL CORT NECROSIS NOS
5837	NEPHR NOS/MEDULL NECROS
5839	NEPHRITIS NOS
5851	CHRONIC KIDNEY DISEASE, STAGE I.
5852	CHRONIC KIDNEY DISEASE, STAGE II (MILD).
5853	CHRONIC KIDNEY DISEASE, STAGE III (MODERATE).
5854	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE).
5855	CHRONIC KIDNEY DISEASE, STAGE V.
5856	END STAGE RENAL DISEASE.

Step 2 (diagnosis of short stature, renal failure, or Turner's Syndrome)	
Required diagnosis: 1	
Look back timeframe: 365 days	
Short Stature, Renal Failure, or Turner's Syndrome Diagnoses	
ICD-9 Code	Description
5859	CHRONIC KIDNEY DISEASE, UNSPECIFIED.
5880	RENAL OSTEODYSTROPHY
5881	NEPHROGEN DIABETES INSIP
5888	IMPAIRED RENAL FUNCT NEC
5889	IMPAIRED RENAL FUNCT NOS
7586	TURNER'S SYNDROME (GONADAL DYSGENESIS)
58089	ACUTE NEPHRITIS NEC
58181	NEPHROTIC SYN IN OTH DIS
58189	NEPHROTIC SYNDROME NEC
58281	CHR NEPHRITIS IN OTH DIS
58289	CHRONIC NEPHRITIS NEC
58381	NEPHRITIS NOS IN OTH DIS
58389	NEPHRITIS NEC
75981	PRADER-WILLI SYNDROME
76490	FET GROWTH RETARD WT NOS
76491	FET GROWTH RETARD <500G
76492	FET GROWTH RET 500-749G
76493	FET GROWTH RET 750-999G
76494	FET GRWTH RET 1000-1249G
76495	FET GRWTH RET 1250-1499G
76496	FET GRWTH RET 1500-1749G
76497	FET GRWTH RET 1750-1999G
76498	FET GRWTH RET 2000-2499G
76499	FET GROWTH RET 2500+G
78343	SHORT STATURE

Step 3 (diagnosis of Down's or Fanconi Syndrome)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
2700	AMINO-ACID TRANSPORT DIS
7580	DOWN'S SYNDROME

Step 4 (diagnosis of active malignancy)	
Required diagnosis: 1	
Look back timeframe: 180 days	
Active Malignancy Diagnoses	
ICD-9 Code	Description
1700	MAL NEO SKULL/FACE BONE
193	MALIGN NEOPL THYROID
1976	SEC MAL NEO PERITONEUM
1984	SEC MALIG NEO NERVE NEC

Step 5 (history of chemotherapy / radiation procedural code)	
Required procedure: 1	
Look back timeframe: 180 days	
Chemotherapy / Radiation Procedures	
CPT Code	Description
77261	RADIATION THERAPY PLANNING
77262	RADIATION THERAPY PLANNING
77263	RADIATION THERAPY PLANNING
77280	SET RADIATION THERAPY FIELD
77285	SET RADIATION THERAPY FIELD
77290	SET RADIATION THERAPY FIELD
77295	SET RADIATION THERAPY FIELD
77299	RADIATION THERAPY PLANNING
77300	RADIATION THERAPY DOSE PLAN
77301	RADIOLTHERAPY DOS PLAN, IMRT
77305	RADIATION THERAPY DOSE PLAN
77310	RADIATION THERAPY DOSE PLAN
77315	RADIATION THERAPY DOSE PLAN
77321	RADIATION THERAPY PORT PLAN
77326	RADIATION THERAPY DOSE PLAN
77327	RADIATION THERAPY DOSE PLAN
77328	RADIATION THERAPY DOSE PLAN
77331	SPECIAL RADIATION DOSIMETRY
77332	RADIATION TREATMENT AID(S)
77333	RADIATION TREATMENT AID(S)
77334	RADIATION TREATMENT AID(S)
77336	RADIATION PHYSICS CONSULT
77338	DESIGN MLC DEVICE FOR IMRT

Step 5 (history of chemotherapy / radiation procedural code)	
Required procedure: 1	
Look back timeframe: 180 days	
Chemotherapy / Radiation Procedures	
CPT Code	Description
77370	RADIATION PHYSICS CONSULT
77371	SRS, MULTISOURCE
77372	SRS, LINEAR BASED
77373	SBRT DELIVERY
77399	EXTERNAL RADIATION DOSIMETRY
77401	RADIATION TREATMENT DELIVERY
77402	RADIATION TREATMENT DELIVERY
77403	RADIATION TREATMENT DELIVERY
77404	RADIATION TREATMENT DELIVERY
77406	RADIATION TREATMENT DELIVERY
77407	RADIATION TREATMENT DELIVERY
77408	RADIATION TREATMENT DELIVERY
77409	RADIATION TREATMENT DELIVERY
77411	RADIATION TREATMENT DELIVERY
77412	RADIATION TREATMENT DELIVERY
77413	RADIATION TREATMENT DELIVERY
77414	RADIATION TREATMENT DELIVERY
77416	RADIATION TREATMENT DELIVERY
77417	RADIOLOGY PORT FILM(S)
77418	RADIATION TX DELIVERY, IMRT
77421	STEREOSCOPIC X-RAY GUIDANCE
77422	NEUTRON BEAM TX, SIMPLE
77423	NEUTRON BEAM TX, COMPLEX
77427	RADIATION TX MANAGEMENT, X5
77431	RADIATION THERAPY MANAGEMENT
77432	STEREOTACTIC RADIATION TRMT
77435	SBRT MANAGEMENT
77470	SPECIAL RADIATION TREATMENT
77499	RADIATION THERAPY MANAGEMENT
77520	PROTON TRMT, SIMPLE W/O COMP
77522	PROTON TRMT, SIMPLE W/COMP
77523	PROTON TRMT, INTERMEDIATE
77525	PROTON TREATMENT, COMPLEX
96401	CHEMO, ANTI-NEOPL, SQ/IM

Step 5 (history of chemotherapy / radiation procedural code)**Required procedure: 1****Look back timeframe: 180 days****Chemotherapy / Radiation Procedures**

CPT Code	Description
96402	CHEMO HORMON ANTINEOPL SQ/IM
96405	CHEMO INTRALESIONAL, UP TO 7
96406	CHEMO INTRALESIONAL OVER 7
96409	CHEMO, IV PUSH, SNGL DRUG
96411	CHEMO, IV PUSH, ADDL DRUG
96413	CHEMO, IV INFUSION, 1 HR
96415	CHEMO, IV INFUSION, ADDL HR
96416	CHEMO PROLONG INFUSE W/PUMP
96417	CHEMO IV INFUS EACH ADDL SEQ
96420	CHEMO, IA, PUSH TECHNIQUE
96422	CHEMO IA INFUSION UP TO 1 HR
96423	CHEMO IA INFUSE EACH ADDL HR
96425	CHEMOTHERAPY INFUSION METHOD
96440	CHEMOTHERAPY, INTRACAVITARY
96445	CHEMOTHERAPY, INTRACAVITARY
96450	CHEMOTHERAPY, INTO CNS
96521	REFILL/MAINT, PORTABLE PUMP
96542	CHEMOTHERAPY INJECTION
96549	CHEMOTHERAPY, UNSPECIFIED
J9000	DOXORUBICIN HCL INJECTION
J9001	DOXORUBICIN HCL LIPOSOME INJ
J9010	ALEMTUZUMAB INJECTION
J9015	ALDESLEUKIN INJECTION
J9020	ASPARAGINASE INJECTION
J9027	CLOFARABINE INJECTION
J9033	BENDAMUSTINE INJECTION
J9040	BLEOMYCIN SULFATE INJECTION
J9041	BORTEZOMIB INJECTION
J9045	CARBOPLATIN INJECTION
J9050	CARMUSTINE INJECTION
J9055	CETUXIMAB INJECTION
J9060	CISPLATIN 10 MG INJECTION
J9062	CISPLATIN 50 MG INJECTION
J9065	INJ CLADRIBINE PER 1 MG

Step 5 (history of chemotherapy / radiation procedural code)**Required procedure: 1****Look back timeframe: 180 days****Chemotherapy / Radiation Procedures**

CPT Code	Description
J9070	CYCLOPHOSPHAMIDE 100 MG INJ
J9080	CYCLOPHOSPHAMIDE 200 MG INJ
J9090	CYCLOPHOSPHAMIDE 500 MG INJ
J9091	CYCLOPHOSPHAMIDE 1.0 GRM INJ
J9092	CYCLOPHOSPHAMIDE 2.0 GRM INJ
J9093	CYCLOPHOSPHAMIDE LYOPHILIZED
J9094	CYCLOPHOSPHAMIDE LYOPHILIZED
J9095	CYCLOPHOSPHAMIDE LYOPHILIZED
J9096	CYCLOPHOSPHAMIDE LYOPHILIZED
J9097	CYCLOPHOSPHAMIDE LYOPHILIZED
J9098	CYTARABINE LIPOSOME INJ
J9100	CYTARABINE HCL 100 MG INJ
J9110	CYTARABINE HCL 500 MG INJ
J9120	DACTINOMYCIN INJECTION
J9130	DACARBAZINE 10 MG INJ
J9140	DACARBAZINE 200 MG INJ
J9150	DAUNORUBICIN INJECTION
J9151	DAUNORUBICIN CITRATE INJ
J9155	DEGARELIX INJECTION
J9160	DENILEUKIN DIFTITOX INJ
J9170	DOCETAXEL INJECTION
J9171	DOCETAXEL INJECTION
J9178	INJ, EPIRUBICIN HCL, 2 MG
J9181	ETOPOSIDE INJECTION
J9182	ETOPOSIDE 100 MG INJ
J9185	FLUDARABINE PHOSPHATE INJ
J9190	FLUOROURACIL INJECTION
J9200	FLOXURIDINE INJECTION
J9201	GEMCITABINE HCL INJECTION
J9206	IRINOTECAN INJECTION
J9207	IXABEPILONE INJECTION
J9208	IFOSFOMIDE INJECTION
J9211	IDARUBICIN HCL INJECTION
J9261	NELARABINE INJECTION

Step 5 (history of chemotherapy / radiation procedural code)**Required procedure: 1****Look back timeframe: 180 days****Chemotherapy / Radiation Procedures**

CPT Code	Description
J9263	OXALIPLATIN
J9264	PACLITAXEL PROTEIN BOUND
J9265	PACLITAXEL INJECTION
J9266	PEGASPARGASE INJECTION
J9268	PENTOSTATIN INJECTION
J9280	MITOMYCIN 5 MG INJ
J9290	MITOMYCIN 20 MG INJ
J9291	MITOMYCIN 40 MG INJ
J9303	PANITUMUMAB INJECTION
J9305	PEMETREXED INJECTION
J9320	STREPTOZOCIN INJECTION
J9328	TEMOZOLOMIDE INJECTION
J9330	TEMSIROLIMUS INJECTION
J9340	THIOTEPA INJECTION
J9350	TOPOTECAN INJECTION
J9355	TRASTUZUMAB INJECTION
J9357	VALRUBICIN INJECTION
J9360	VINBLASTINE SULFATE INJ
J9370	VINCRISTINE SULFATE 1 MG INJ
J9375	VINCRISTINE SULFATE 2 MG INJ
J9380	VINCRISTINE SULFATE 5 MG INJ
J9390	VINOURELBINE TARTRATE INJ
J9600	PORFIMER SODIUM INJECTION
J9999	CHEMOTHERAPY DRUG

Step 6 (diagnosis of Panhypopituitarism)**Required diagnosis: 1****Look back timeframe: 365 days**

ICD-9 Code	Description
2532	PANHYPOPITUITARISM

Step 7 (diagnosis of active malignancy)**Required diagnosis: 1****Look back timeframe: 180 days**

For the list of diagnosis codes that pertain to this step, see the [Active Malignancy Diagnoses](#) table in this "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 8 (history of chemotherapy / radiation procedural code)**Required procedure: 1****Look back timeframe: 180 days**

For the list of procedure codes that pertain to this step, see the [Chemotherapy / Radiation Procedures](#) table in this "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 9 (history of renal transplant procedural code)**Required procedure: 1****Look back timeframe: 365 days**

CPT Code	Description
50300	REMOVAL OF DONOR KIDNEY
50300	REMOVE CADAVER DONOR KIDNEY
50320	REMOVE KIDNEY, LIVING DONOR
50340	REMOVAL OF KIDNEY
50360	TRANSPLANTATION OF KIDNEY
50365	TRANSPLANTATION OF KIDNEY
50370	REMOVE TRANSPLANTED KIDNEY
50380	REIMPLANTATION OF KIDNEY



**Growth Hormone
Serostim
Drugs Requiring Prior Authorization**

Drugs Requiring Prior Authorization		
Label Name	NDC	GCN
SEROSTIM 4 MG VIAL	44087000407	63405
SEROSTIM 5 MG VIAL	44087000507	25955
SEROSTIM 6 MG VIAL	44087000607	25960

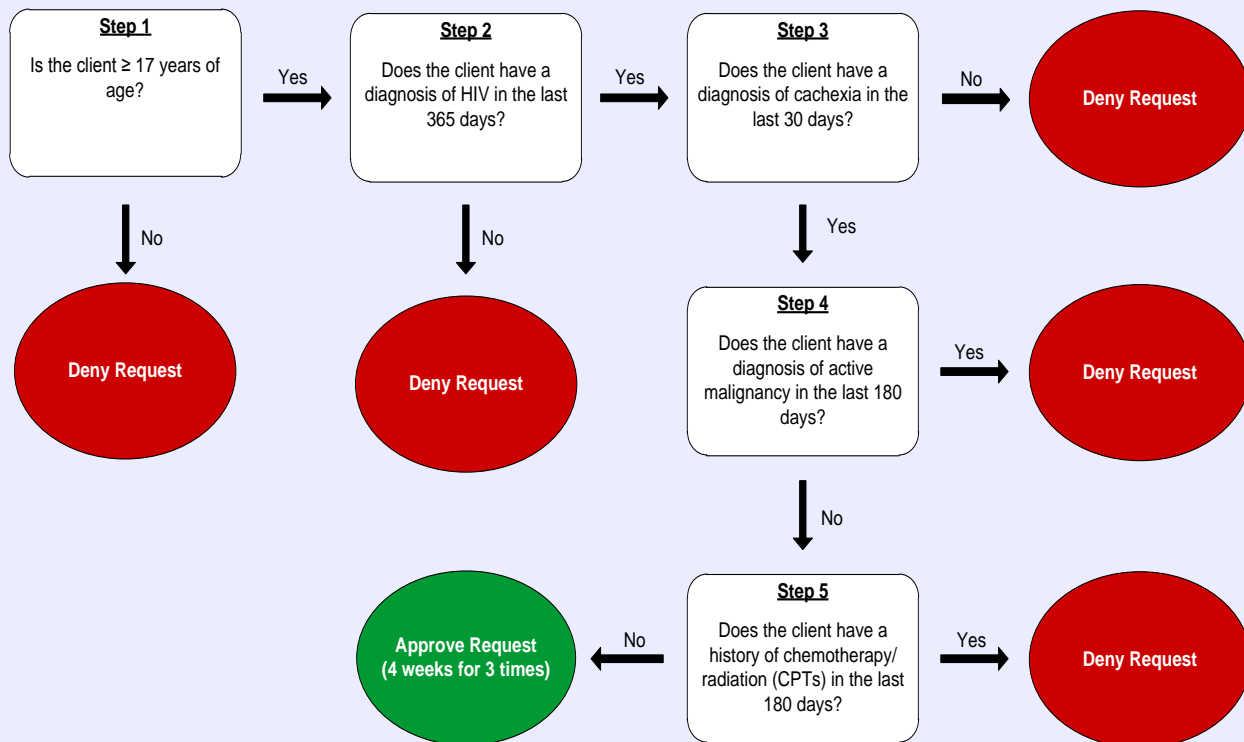


**Growth Hormone
Serostim
Clinical Edit Criteria Logic**

1. Is the client greater than or equal to (\geq) 17 years of age?
 Yes (Go to #2)
 No (Deny)
2. Does the client have a diagnosis of HIV in the last 365 days?
 Yes (Go to #3)
 No (Deny)
3. Does the client have a diagnosis of cachexia in the last 30 days?
 Yes (Go to #4)
 No (Deny)
4. Does the client have a diagnosis of active malignancy in the last 180 days?
 Yes (Deny)
 No (Go to #5)
5. Does the client have a history of chemotherapy/radiation (CPTs) in the last 180 days?
 Yes (Deny)
 No (Approve – 4 weeks for 3 times)



Growth Hormone Serostim Clinical Edit Criteria Logic Diagram





Growth Hormone Serostim

Clinical Edit Criteria Supporting Tables

Step 2 (diagnosis of HIV) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-9 Code	Description
042	HUMAN IMMUNO VIRUS DIS

Step 3 (diagnosis of cachexia) Required diagnosis: 1 Look back timeframe: 30 days	
ICD-9 Code	Description
7994	CACHEXIA

Step 4 (diagnosis of active malignancy) Required diagnosis: 1 Look back timeframe: 180 days	
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For the list of diagnosis codes that pertain to this step, see the [Active Malignancy Diagnoses](#) table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 5 (history of a chemotherapy / radiation procedural code) Required procedure: 1 Look back timeframe: 180 days	
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For the list of procedures that pertain to this step, see the [Chemotherapy / Radiation Procedures](#) table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.



**Growth Hormone
Zorbtive
Drugs Requiring Prior Authorization**

Drugs Requiring Prior Authorization		
Label Name	NDC	GCN
ZORBITIVE 8.8 MG VIAL	44087338807	12767

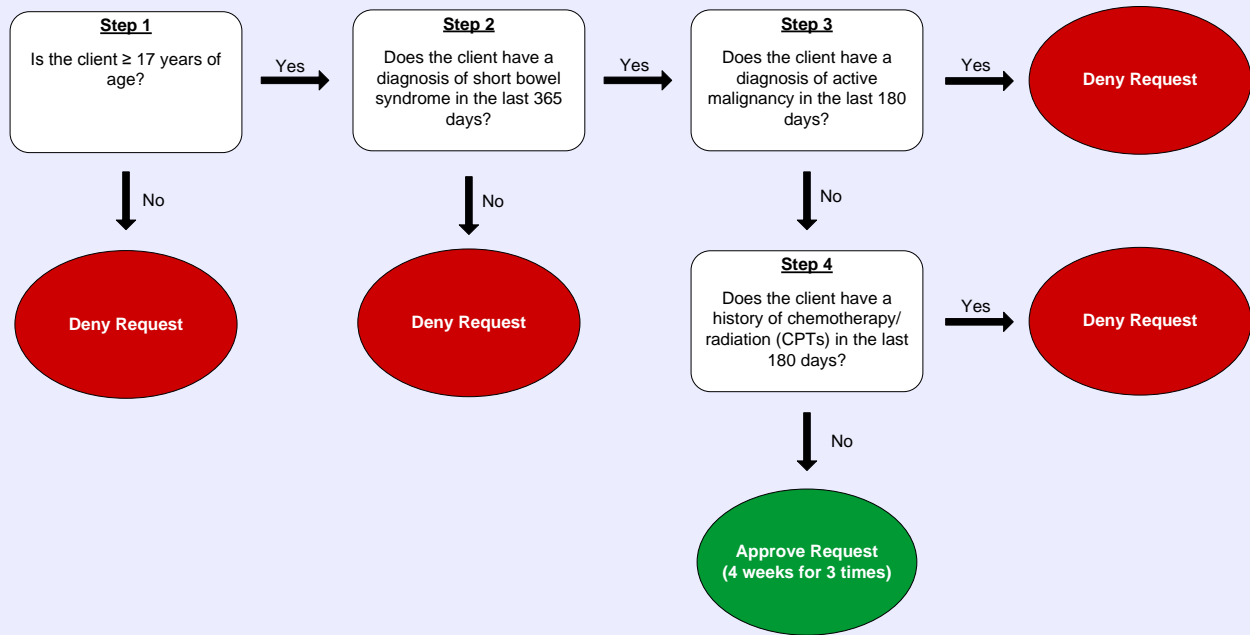


**Growth Hormone
Zorbitive
Clinical Edit Criteria Logic**

1. Is the client greater than or equal to (\geq) 17 years of age?
 Yes (Go to #2)
 No (Deny)
2. Does the client have a diagnosis of short bowel syndrome in the last 365 days?
 Yes (Go to #3)
 No (Deny)
3. Does the client have a diagnosis of active malignancy in the last 180 days?
 Yes (Deny)
 No (Go to #4)
4. Does the client have a history of chemotherapy/radiation (CPTs) in the last 180 days?
 Yes (Deny)
 No (Approve – 4 weeks for 3 times)



Growth Hormone Zorbtive Clinical Edit Criteria Logic Diagram





Growth Hormone Zorbtive

Clinical Edit Criteria Supporting Tables

Step 2 (diagnosis of short bowel syndrome)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
5792	BLIND LOOP SYNDROME
5793	INTEST POSTOP NONABSORB

Step 3 (diagnosis of active malignancy)	
Required diagnosis: 1	
Look back timeframe: 180 days	

For the list of diagnoses that pertain to this step, see the [Active Malignancy Diagnoses](#) table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 4 (history of a chemotherapy / radiation procedural code)	
Required diagnosis: 1	
Look back timeframe: 180 days	

For the list of procedure codes that pertain to this step, see the [Chemotherapy / Radiation Procedures](#) table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/31/2011	Initial publication and posting to website
02/04/2011	Corrected steps 3 and 4 in the "Clinical Edit Criteria Logic" section for Growth Hormones Excluding Serostim/Zorbtive
02/23/2011	Corrected step 2 in the "Clinical Edit Criteria Logic" section for Growth Hormones Excluding Serostim/Zorbtive
05/03/2012	<ul style="list-style-type: none"> Added new section to specify the drugs requiring prior authorization for each form of Zorbtive In the "Clinical Edit Supporting Tables" section for Growth Hormone Excluding Serostim / Zorbtive, revised tables to specify the diagnosis codes pertinent to steps 2, 3, 4, 7, and 8 of the logic diagram In the "Clinical Edit Supporting Tables" section for Growth Hormone Excluding Serostim / Zorbtive, revised tables to specify the procedure codes pertinent to steps 5, 6, and 9 of the logic diagram In the "Clinical Edit Supporting Tables" section for Serostim, revised tables to specify the diagnosis codes pertinent to steps 3, 4, and 5 of the logic diagram In the "Clinical Edit Supporting Tables" section for Serostim, revised table to specify the procedure codes pertinent to step 6 In the "Clinical Edit Supporting Tables" section for Zorbtive, revised tables to specify the diagnosis codes pertinent to steps 3 and 4 of the logic diagram In the "Clinical Edit Supporting Tables" section for Zorbtive, revised table to specify the procedure codes pertinent to step 5
05/22/2012	In the "Clinical Edit Supporting Tables" section for Growth Hormone Excluding Serostim/Zorbtive, updated table pertinent to step 2 to include Turner's Syndrome for ICD-9 code 7586
08/14/2013	Added step 9 in the "Clinical Edit Criteria Logic" section for Growth Hormones Excluding Serostim/Zorbtive
02/06/2014	Added Omnitrope 5.8mg vial and Omnitrope 10mg/1.5mL cartridge to the "Drugs Requiring Prior Authorization" section for Growth Hormone Excluding Serostim/Zorbtive
10/21/2014	Updated document to include NDCs for "Drugs Requiring Prior Authorization"