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Growth Hormone Injections *(Somatropin)*

Prescriber Criteria: Consultant Endocrinology & Diabetes
Consultant Paediatrician

Outpatient and Inpatient Use:

1. Chronic Kidney Disease
2. Hypopituitarism
3. Prader Willi Syndrome
4. Turner Syndrome

1. Chronic Kidney Disease

To be reserved for patients with growth disturbance associated with chronic kidney disease.

2. Hypopituitarism

To be reserved for patients with hypopituitarism with growth hormone deficiency.

3. Prader Willi Syndrome

To be reserved for patients with Prader Willi Syndrome.

4. Turner Syndrome

To be reserved for patients with Turner Syndrome.

Duration of Approval:
3 years