

SPECIALTY GUIDELINE MANAGEMENT

ZORBTIVE (somatropin)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

Treatment of short bowel syndrome in adult patients receiving specialized nutritional support.

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

Short bowel syndrome (SBS)¹

Authorization of a total duration of 4 weeks may be granted for treatment of SBS in members who are dependent on parenteral nutrition support.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Zorbtive [package insert]. Rockland, MA: EMD Serono, Inc.; September 2019.
2. Iyer K, DiBaise JK, Rubio-Tapia A. AGA Clinical practice update on management of short bowel syndrome: Expert review. *Clin Gastroenterol Hepatol*. 2022; 20(10):2185-2194.