This policy applies to the following:

✓	Standard Opt-in	PDPD	Marketplace	Medical Benefit	Medicare Part B
	Standard Opt-out	ACSF	ммт	Medical Benefit: Biosimilars First	Medicare Part B: Biosimilars First
	VF	Balanced	Medical Benefit: Managed Medicaid	Medical Benefit: Add-on	Medicare Part B: Add-on

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EXCEPTIONS CRITERIA GROWTH HORMONE

PREFERRED PRODUCTS: GENOTROPIN AND NORDITROPIN

POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to the growth hormone products specified in this policy. Coverage for a targeted growth hormone product is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with a targeted product. Zorbtive and Serostim are excluded from the program.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Growth Hormone Products

	Products	
Preferred	Genotropin (somatropin)	
	Norditropin (somatropin)	
Targeted	Humatrope (somatropin)	
	Nutropin AQ (somatropin)	
	Omnitrope (somatropin)	
	Saizen (somatropin)	
	Sogroya (somapacitan-beco)	
	Zomacton (somatropin)	

II. EXCEPTION CRITERIA

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Coverage for a targeted growth hormone product is provided when any of the following criteria is met:

- A. Nutropin AQ is being prescribed for a patient with chronic kidney disease.
- B. Humatrope or Zomacton is being prescribed for a patient with short stature homeobox-containing gene (SHOX) deficiency.

REFERENCES

- 1. Genotropin [package insert]. New York, NY: Pfizer Inc.; April 2019.
- 2. Humatrope [package insert]. Indianapolis, IN: Eli Lilly and Company; December 2016.
- 3. Norditropin [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; February 2018.
- 4. Nutropin AQ [package insert]. South San Francisco, CA: Genentech, Inc.; December 2016.

Specialty Exceptions GH Genotropin and Norditropin STD 4271-D P2021.docx

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This policy applies to the following:

✓	Standard Opt-in	PDPD	Marketplace	Medical Benefit	Medicare Part B
	Standard Opt-out	ACSF	ммт	Medical Benefit: Biosimilars First	Medicare Part B: Biosimilars First
	VF	Balanced	Medical Benefit: Managed Medicaid	Medical Benefit: Add-on	Medicare Part B: Add-on

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- 5. Omnitrope [package insert]. Princeton, NJ: Sandoz Inc.; June 2019.
- 6. Saizen [package insert]. Rockland, MA: EMD Serono Inc.; May 2018.
- 7. Zomacton [package insert]. Parsippany, NJ: Ferring Pharmaceuticals Inc.; July 2018.
- 8. Sogroya [package insert]. Plainsboro, NJ: Novo Nordisk, Inc ; August 2020.

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