

This policy applies to the following:

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

Reference #
4273-D

## EXCEPTIONS CRITERIA GROWTH HORMONE

### PREFERRED PRODUCT: 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	<ul style="list-style-type: none"> <li>• <b>Norditropin</b> (somatropin)</li> </ul>
Targeted	<ul style="list-style-type: none"> <li>• <b>Genotropin</b> (somatropin)</li> <li>• <b>Humatrope</b> (somatropin)</li> <li>• <b>Nutropin AQ</b> (somatropin)</li> <li>• <b>Omnitrope</b> (somatropin)</li> <li>• <b>Saizen</b> (somatropin)</li> <li>• <b>Sogroya</b> (somapacitan-beco)</li> <li>• <b>Zomacton</b> (somatropin)</li> </ul>

#### 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:

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

#### REFERENCES

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

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✓	VF	✓	Balanced		Medical Benefit: Managed Medicaid		Medical Benefit: Add-on		Medicare Part B: Add-on

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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.