

## 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)<sup>1</sup>**

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.