

PREFERRED SPECIALTY MANAGEMENT POLICY

POLICY: Growth Disorders – Growth Hormone Long-Acting Products Preferred Specialty Management Policy

- Ngenla[®] (somatrogen-ghla subcutaneous injection – Pfizer)
- Skytrofa[®] (lonapegsomatropin subcutaneous injection – Ascendis)
- Sogroya[®] (somapacitan-beco subcutaneous injection – Novo Nordisk)

REVIEW DATE: 11/01/2023

OVERVIEW

Ngenla, Skytrofa, and Sogroya are the available long-acting (weekly) growth hormone (GH) products.¹⁻³ All of these agents are indicated for the treatment of growth failure due to inadequate secretion of endogenous GH in pediatric patients. Ngenla is indicated in patients ≥ 3 years of age, Skytrofa is indicated in patient ≥ 1 year of age (and ≥ 11.5 kg), and Sogroya is indicated in patients ≥ 2.5 years of age. Sogroya has an additional indication for the replacement of endogenous GH in adults with GH deficiency.³

POLICY STATEMENT

This Preferred Specialty Management program has been developed to encourage the use of the Preferred Product. For all medications (Preferred and Non-Preferred), the patient is required to meet the respective standard *Prior Authorization Policy* criteria. The program also directs the patient to try the Preferred Product for 6 months, or have an intolerance, prior to the approval of a Non-Preferred Products. Requests for Non-Preferred Products will also be reviewed using the exception criteria (below). All approvals are provided for the durations noted in the respective standard *Prior Authorization Policy* criteria. If the patient meets the standard *Prior Authorization Policy* criteria but has not met the applicable criteria for the Preferred Product, approval for the Preferred Product will be authorized. All reviews will be directed to a clinician (i.e., pharmacist) for verification of criteria.

Automation: None.

National Preferred Formulary

Preferred Products: Ngenla
Non-Preferred Products: Skytrofa, Sogroya

National Preferred Flex Formulary

Preferred Products: Ngenla
Non-Preferred Products: Skytrofa, Sogroya

Basic Formulary

Preferred Products: Ngenla, Skytrofa
Non-Preferred Products: Sogroya

RECOMMENDED EXCEPTION CRITERIA

REFERENCES

1. Ngenla[™] subcutaneous injection [prescribing information]. New York, NY: Pfizer; June 2023
2. Skytrofa[®] subcutaneous injection [prescribing information]. Princeton, NJ: Ascendis Pharma; October 2022.
3. Sogroya[®] subcutaneous injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; April 2023.

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