

PREFERRED SPECIALTY MANAGEMENT POLICY

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

- Genotropin® (somatropin injection – Pfizer)
- Humatrope® (somatropin injection – Lilly)
- Norditropin® (somatropin injection – Novo Nordisk)
- Nutropin AQ® Nuspin (somatropin injection – Genentech)
- Omnitrope® (somatropin injection – Sandoz)
- Saizen® (somatropin injection – EMD Serono)
- Zomacton™ (somatropin injection – Ferring)

REVIEW DATE: 11/01/2023; effective 1/1/2024

OVERVIEW

Genotropin, Humatrope, Norditropin, Nutropin AQ, Omnitrope, Saizen, and Zomacton are growth hormone (somatropin) products.¹⁻⁸ Somatropin is an exact reproduction of endogenous hGH; all of the products are clinically equivalent with differences related to delivery device, dose increments, and product storage.

POLICY STATEMENT

This Preferred Specialty Management program has been developed to encourage the use of Preferred Products. 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(s) prior to the approval of a Non-Preferred Product. 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 tried the Preferred Products, approval for the Preferred Product(s) will be authorized. All reviews will be directed to a clinician (i.e., pharmacist) for verification of criteria.

Documentation: Documentation is required for use of somatropin as noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and/or other information. For patient cases in which documentation is required, if this documentation has been previously received upon a prior coverage review, the documentation requirement is considered to be met.

Automation: None.

National Preferred Formulary

Preferred Products: Genotropin, Omnitrope

Non-Preferred Products: Humatrope, Norditropin, Nutropin AQ, Saizen, Zomacton

Basic Formulary

Preferred Products: Genotropin, Norditropin

Non-Preferred Products: Humatrope, Nutropin AQ, Omnitrope, Saizen, Zomacton

High Performance Formulary

Preferred Products: Omnitrope

11/01/2023

© 2023. All Rights Reserved.

This document is confidential and proprietary. Unauthorized use and distribution are prohibited.

Non-Preferred Products: Genotropin, Humatrope, Norditropin, Nutropin AQ, Saizen, Zomacton

RECOMMENDED EXCEPTION CRITERIA

REFERENCES

1. Genotropin[®] subcutaneous injection [prescribing information]. New York, NY: Pfizer; April 2019.
2. Humatrope[®] subcutaneous injection [prescribing information]. Indianapolis, IN: Eli Lilly; October 2019.
3. Norditropin[®] subcutaneous injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; March 2020.
4. Nutropin AQ[®] Nuspin subcutaneous injection [prescribing information]. South San Francisco, CA: Genentech; December 2016.
5. Omnitrope[®] subcutaneous injection [prescribing information]. Princeton, NJ: Sandoz; June 2019.
6. Saizen[®] subcutaneous injection [prescribing information]. Rockland, MA: EMD Serono; February 2020.
7. Zomacton[™] subcutaneous injection [prescribing information]. Parsippany, NJ: Ferring; July 2018.