

Growth Hormone
Genotropin (somatropin)
Humatrope (somatropin)
Norditropin (somatropin)
Nutropin AQ (somatropin)
Omnitrope (somatropin)
Saizen (somatropin)
Zomacton (somatropin)
Skytrofa (lonapegsomatropin-tcgd)
Sogroya (somapacitan-beco)
Ngenla (somatrogon-ghla)
 Effective 01/01/2024

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

FDA-Approved Indications

1. Pediatric patients with growth failure due to any of the following:
 - a. Growth hormone (GH) deficiency
 - b. Turner syndrome
 - c. Noonan syndrome
 - d. Small for gestational age (SGA)
 - e. Prader-Willi syndrome
 - f. Chronic kidney disease (CKD)
 - g. Short stature homeobox-containing gene (SHOX) deficiency
2. Adults with childhood-onset or adult-onset GH deficiency

Compendial Uses

1. Human immunodeficiency virus (HIV)-associated wasting/cachexia
2. Short bowel syndrome (SBS)
3. Growth failure associated with any of the following:
 - a. Cerebral palsy
 - b. Congenital adrenal hyperplasia

- c. Cystic fibrosis
- d. Russell-Silver syndrome

Note: Skytrofa and Ngenla are only FDA approved for pediatric growth hormone deficiency. Sogroya is only FDA approved for adult growth hormone deficiency and pediatric growth hormone deficiency

Coverage Guidelines

Authorization may be reviewed for members new to the plan who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

Pediatric Growth Hormone (GH) Deficiency

Member meets ONE of the following:

1. Member is a neonate or was diagnosed with GH deficiency as a neonate. Medical records must be available to support the diagnosis of neonatal GH deficiency (e.g., hypoglycemia with random GH level, evidence of multiple pituitary hormone deficiency, chart notes, or magnetic resonance imaging [MRI] results).
2. Member meets ALL of the following:
 - a. Member has EITHER:
 - i. Two pretreatment pharmacologic provocative GH tests with both results demonstrating a peak GH level < 10 ng/mL, OR
 - ii. A documented pituitary or CNS disorder (refer to Appendix A) and a pretreatment IGF-1 level > 2 standard deviations (SD) below the mean
 - b. For members < 2.5 years of age at initiation of treatment, the pretreatment height is > 2 SD below the mean and growth velocity is slow
 - c. For members ≥ 2.5 years of age at initiation of treatment:
 - i. Pretreatment height is > 2 SD below the mean and 1-year height velocity is > 1 SD below the mean, OR
 - ii. Pretreatment 1-year height velocity is > 2 SD below the mean
 - d. Epiphyses are open
3. For Humatrope, Nutropin, Omnitrope, Saizen and Zomacton: Provider documents intolerance, adverse effect or contraindication to Genotropin and Norditropin

Small for Gestational Age

Member meets ALL of the following:

1. Member meets at least one of the following:
 - a. Birth weight < 2500 g at gestational age > 37 weeks
 - b. Birth weight or length less than 3rd percentile for gestational age
 - c. Birth weight or length ≥ 2 SD below the mean for gestational age
2. Pretreatment age is ≥ 2 years
3. Member failed to manifest catch-up growth by age 2 (i.e., pretreatment height > 2 SD below the mean)
4. Epiphyses are open
5. For Humatrope, Nutropin, Omnitrope, Saizen and Zomacton: Provider documents intolerance, adverse effect or contraindication to Genotropin and Norditropin



Turner Syndrome

Member meets ALL of the following:

1. Diagnosis was confirmed by karyotyping
2. Patient's pretreatment height is less than the 5th percentile for age
3. Epiphyses are open
4. For Humatrope, Nutropin, Omnitrope, Saizen and Zomacton: Provider documents intolerance, adverse effect or contraindication to Genotropin and Norditropin

Growth Failure associated with Chronic Kidney Disease, Cerebral Palsy, Congenital Adrenal Hyperplasia, Cystic Fibrosis, and Russell-Silver Syndrome

Member meets ALL of the following:

1. ONE of the following:
 - a. For members < 2.5 years of age at initiation of treatment, the pretreatment height is > 2 SD below the mean and growth velocity is slow
 - b. For members \geq 2.5 years of age at initiation of treatment and Pretreatment height is > 2 SD below the mean and 1-year height velocity is > 1 SD below the mean OR pretreatment 1-year height velocity is > 2 SD below the mean
2. Epiphyses are open
3. For Humatrope, Nutropin, Omnitrope, Saizen and Zomacton: Provider documents intolerance, adverse effect or contraindication to Genotropin and Norditropin

Prader-Willi Syndrome

Diagnosis of Prader-Willi Syndrome is confirmed by ONE of the following:

1. Deletion in the chromosomal 15q11.2-q13 region
2. Maternal uniparental disomy in chromosome 15
3. Imprinting defects of translocations involving chromosome 15
4. For Humatrope, Nutropin, Omnitrope, Saizen and Zomacton: Provider documents intolerance, adverse effect or contraindication to Genotropin and Norditropin

Noonan Syndrome

Member meets ALL of the following:

1. Pretreatment height is > 2 SD below the mean and 1-year height velocity is > 1 SD below the mean OR pretreatment 1-year height velocity is > 2 SD below the mean
2. Epiphyses are open
3. For Humatrope, Nutropin, Omnitrope, Saizen and Zomacton: Provider documents intolerance, adverse effect or contraindication to Genotropin and Norditropin

Short Stature Homeobox-Containing Gene Deficiency (SHOX)

Member meets ALL of the following:

1. The diagnosis of SHOX deficiency was confirmed by molecular or genetic analyses
2. Pretreatment height is > 2 SD below the mean and 1-year height velocity is > 1 SD below the mean OR pretreatment 1-year height velocity is > 2SD below the mean
3. Epiphyses are open
4. For Humatrope, Nutropin, Omnitrope, Saizen and Zomacton: Provider documents intolerance, adverse effect or contraindication to Genotropin and Norditropin



Adult GH Deficiency

Member meets ONE of the following:

1. Member has had 2 pretreatment pharmacologic provocative GH tests and both results demonstrated GH levels < 5 ng/mL, unless the agent is Macrilen in which case a GH level of less than 2.8 ng/ml confirms the presence of adult GHD
2. Member has had 1 pretreatment pharmacologic provocative GH test that demonstrated a GH level < 5 ng/mL AND has a pretreatment IGF-1 level that is low for age and gender, unless the agent is Macrilen in which case a GH level of less than 2.8 ng/ml confirms the presence of adult GHD
3. Member has a structural abnormality of the hypothalamus or pituitary (refer to Appendix A) and ≥ 3 documented pituitary hormone deficiencies (refer to Appendix B)
4. Member has childhood-onset GH deficiency and a congenital abnormality of the hypothalamus or pituitary (refer to Appendix A)
5. For Humatrope, Nutropin, Omnitrope, Saizen and Zomacton: Provider documents intolerance, adverse effect or contraindication to Genotropin and Norditropin

HIV-Associated Wasting/Cachexia

Member meets ALL of the following:

1. Member has trialed and experienced a suboptimal response to alternative therapies (e.g., cyproheptadine, dronabinol, megestrol acetate or testosterone if hypogonadal) or contraindication or intolerance to alternative therapies
2. Member is currently on antiretroviral therapy
3. BMI is less than 18.5 kg/m² prior to starting therapy with growth hormone (see Appendix C)
4. For Humatrope, Nutropin, Omnitrope, Saizen and Zomacton: Provider documents intolerance, adverse effect or contraindication to Genotropin and Norditropin

Short Bowel Syndrome

Member meets ALL of the following:

1. Member depends on intravenous (IV) parenteral nutrition
2. GH will be used in conjunction with optimal management of SBS
3. For Humatrope, Nutropin, Omnitrope, Saizen and Zomacton: Provider documents intolerance, adverse effect or contraindication to Genotropin and Norditropin

Continuation of Therapy

Reauthorization requires physician documentation of continued medical necessity and the following Diagnosis-Specific criteria:

1. **For Pediatric GHD, Turner Syndrome, Noonan Syndrome, CDK, SGA, SHOX deficiency, Congenital Adrenal Hyperplasia, Cerebral Palsy, Cystic Fibrosis and Russel-Silver Syndrome:**
 - a. Epiphyses are open (confirmed by X-ray or X-ray is not available)
 - b. Member's growth rate is > 2 cm/year unless there is a documented clinical reason for lack of efficacy (e.g., on treatment less than 1 year, nearing final adult height/late stages of puberty)
2. **Prader-Willi Syndrome (PWS):** documentation indicating member's body composition and psychomotor function have improved or stabilized in response to GH therapy.
3. **For Adult GHD:** Initial criteria is met
4. **HIV-Associated Wasting/Cachexia:**
 - a. Member is diagnosed with HIV-associated wasting/cachexia
 - b. Member is currently on antiretroviral therapy.



- c. Member is currently receiving treatment with growth hormone excluding obtainment as samples or via manufacturer's patient assistance programs
- d. Current BMI is less than 27 kg/m² (see Appendix C)
- 4. All indications for Humatrope, Nutropin, Omnitrope, Saizen and Zomacton: Provider documents intolerance, adverse effect or contraindication to Genotropin and Norditropin
- 5.

Limitations

- 1. Initial approvals will be varied based on the treatment:
 - a. **For Short Bowel Syndrome**, approvals will be for up to 8 weeks
 - b. **For HIV-Associated Wasting/Cachexia**, approvals will be for up to 12 weeks.
 - c. **For ALL other indications**, approvals will be for up to 12 months.
- 2. Reauthorizations will be varied based on the treatment:
 - a. **For HIV-Associated Wasting/Cachexia**, approvals will be for up to 12 weeks.
 - b. **For ALL other indications**, approvals will be for up to 12 months.
 - c. Treatment for Short Bowel Syndrome past 8 weeks has not been studied and will be reviewed on a case by case basis.

Appendix

Appendix A: Examples of Hypothalamic/Pituitary/CNS Disorders

- 1. Congenital genetic abnormalities
 - a. Known mutations in growth-hormone-releasing hormone (GHRH) receptor, GH gene, GH receptor, or pituitary transcription factors
- 2. Congenital structural abnormalities
 - a. Optic nerve hypoplasia/septo-optic dysplasia
 - b. Agenesis of corpus callosum
 - c. Empty sella syndrome
 - d. Ectopic posterior pituitary
 - e. Pituitary aplasia/hypoplasia
 - f. Pituitary stalk defect
 - g. Anencephaly or prosencephaly
 - h. Other mid-line defects
 - i. Vascular malformations
- 3. Acquired structural abnormalities (or causes of hypothalamic/pituitary damage)
 - a. CNS tumors/neoplasms (e.g., craniopharyngioma, glioma, pituitary adenoma)
 - b. Cysts (Rathke cleft cyst or arachnoid cleft cyst)
 - c. Surgery
 - d. Radiation
 - e. Chemotherapy
 - f. CNS infections
 - g. CNS infarction (e.g., Sheehan's syndrome)
 - h. Inflammatory lesions (e.g., autoimmune hypophysitis)
 - i. Infiltrative lesions (e.g., sarcoidosis, histiocytosis)
 - j. Head trauma/traumatic brain injury
 - k. Aneurysmal subarachnoid hemorrhage

Appendix B: Pituitary Hormones (Other than Growth Hormone)

- 1. Adrenocorticotrophic hormone (ACTH)



2. Antidiuretic hormone (ADH)
3. Follicle stimulating hormone (FSH)
4. Luteinizing hormone (LH)
5. Thyroid stimulating hormone (TSH)
6. Prolactin

Appendix C: Calculation of BMI

$$\text{BMI} = \frac{\text{Weight (pounds)} \times 703}{[\text{Height (inches)}]^2} \quad \text{OR} \quad \frac{\text{Weight (kg)}}{[\text{Height (m)}]^2}$$

BMI classification:	Underweight	< 18.5 kg/m ²
	Normal weight	18.5 – 24.9 kg/m ²
	Overweight	25 – 29.9 kg/m ²
	Obesity (class 1)	30 – 34.9 kg/m ²
	Obesity (class 2)	35 – 39.9 kg/m ²
	Extreme obesity	≥ 40 kg/m ²

References

1. Genotropin [package insert]. New York, NY: Pfizer Inc.; January 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.
5. Saizen [package insert]. Rockland, MA: EMD Serono Inc.; December 2016.
6. Zomacton [package insert]. Parsippany, NJ: Ferring Pharmaceuticals Inc.; January 2018.
7. Omnitrope [package insert]. Princeton, NJ: Sandoz Inc.; December 2016.
8. Micromedex Solutions [database online]. Ann Arbor, MI: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed February 16, 2017.
9. Quintos JB, Vogiatzi MG, Harbison MD, et al. Growth hormone therapy alone or in combination with gonadotropin-releasing hormone analog therapy to improve the height deficit in children with congenital adrenal hyperplasia. *J Clin Endocrinol Metab.* 2001;86(4):1511-1517.
10. National Institute for Clinical Excellence: Guidance on the use of human growth hormone (somatropin) for the treatment of growth failure in children. May 2010. <http://www.nice.org.uk/nicemedia/live/12992/48715/48715.pdf>. Accessed February 10, 2017.
11. Sogroya (somapacitan-beco) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; April 2023.

Review History

05/18/2022 – Created and Reviewed for May P&T; switched from CVS SGM to custom. Effective 07/01/2022
 09/21/2022 – Reviewed and Updated for Sept P&T; Updated verbiage for growth failure associated with chronic kidney disease. Updated preferred products to Genotropin and Norditropin. Humatrope, Omnitrope, Saizen, and Zomacton require failure of Genotropin and Norditropin.
 09/13/2023 – Reviewed and Updated for Sept P&T; Added new drug Sogroya to criteria. Effective 11/1/2023
 11/15/2023 – Reviewed and Updated for Nob P&T; Added new drug Ngenla to criteria. Effective 1/1/2024

