

PREFERRED SPECIALTY MANAGEMENT (PSM) POLICY

POLICY: Growth Hormone

REVIEWED DATE: 10/09/2019; selected revision 4/8/2020

DRUGS AFFECTED:

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

OVERVIEW

Genotropin, Humatrope, Norditropin, Nutropin AQ Nuspin, Omnitrope, Saizen, and Zomacton are growth hormone (somatropin) products.¹⁻⁷ This policy involves the use of these products. For more information on criteria for the growth hormone products within a Prior Authorization (PA) program by specific condition refer to the ESI Standard *Growth Hormone Prior Authorization Policy*.⁸

POLICY STATEMENT

This PSM program requires the patient to meet ESI Standard Prior Authorization criteria and requires the patient to try the preferred product(s), when clinically appropriate, prior to the approval of a non-preferred product. Patients meeting the PA criteria for a non-preferred product who have not tried the preferred product will receive authorization for a preferred product, if clinically appropriate.

All reviews will be directed to a clinician (i.e., pharmacist) for verification of criteria. All approvals for preferred and non-preferred products are provided for the duration documented in the respective ESI PA Policy.

Automation: None

NATIONAL PREFERRED FORMULARY

Preferred Products: Genotropin, Norditropin

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

HIGH PERFORMANCE FORMULARY

Preferred Products: Omnitrope

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

RECOMMENDED EXCEPTION CRITERIA

Trade Name	Exception
Genotropin	<ol style="list-style-type: none"> 1. For the National Preferred Formulary, approve if the patient meets the ESI Standard <i>Growth Hormone Prior Authorization Policy</i> criteria. 2. For the High Performance Formulary, approve if the patient meets the following criteria (A <u>or</u> B): <ol style="list-style-type: none"> A) Approve if the patient meets the following criteria (i <u>and</u> ii): <ol style="list-style-type: none"> i. The patient meets the ESI Standard <i>Growth Hormone Prior Authorization Policy</i> criteria; AND ii. The patient has tried Omnitrope; OR B) When criterion 2Ai is met but the patient has <u>not</u> tried the preferred product, approve Omnitrope.
Humatrope	<ol style="list-style-type: none"> 1. For the National Preferred Formulary, approve if the patient meets the following criteria (A or B): <ol style="list-style-type: none"> A) Approve if the patient meets the following criteria (i and ii): <ol style="list-style-type: none"> i. The patient meets the ESI Standard <i>Growth Hormone Prior Authorization Policy</i> criteria; AND ii. The patient has tried both of the following products: Genotropin and Norditropin; OR B) When criterion 1Ai is met but the patient has <u>not</u> tried both of the preferred products, approve the preferred products (Genotropin and Norditropin). 2. For the High Performance Formulary, approve if the patient meets the following criteria (A <u>or</u> B): <ol style="list-style-type: none"> A) Approve if the patient meets the following criteria (i <u>and</u> ii): <ol style="list-style-type: none"> i. The patient meets the ESI Standard <i>Growth Hormone Prior Authorization Policy</i> criteria; AND ii. The patient has tried Omnitrope; OR B) When criterion 2Ai is met but the patient has <u>not</u> tried the preferred product, approve Omnitrope.
Norditropin	<ol style="list-style-type: none"> 1. For the National Preferred Formulary, approve if the patient meets the ESI Standard <i>Growth Hormone Prior Authorization Policy</i> criteria. 2. For the High Performance Formulary, approve if the patient meets the following criteria (A <u>or</u> B): <ol style="list-style-type: none"> A) Approve if the patient meets the following criteria (i <u>and</u> ii): <ol style="list-style-type: none"> i. The patient meets the ESI Standard <i>Growth Hormone Prior Authorization Policy</i> criteria; AND ii. The patient has tried Omnitrope; OR B) When criterion 2Ai is met but the patient has <u>not</u> tried the preferred product, approve Omnitrope.
Nutropin AQ	<ol style="list-style-type: none"> 1. For the National Preferred Formulary, approve if the patient meets the following criteria (A or B): <ol style="list-style-type: none"> A) Approve if the patient meets the following criteria (i and ii): <ol style="list-style-type: none"> i. The patient meets the ESI Standard <i>Growth Hormone Prior Authorization Policy</i> criteria; AND ii. The patient has tried both of the following products: Genotropin and Norditropin; OR B) When criterion 1Ai is met but the patient has <u>not</u> tried both of the preferred products, approve the preferred products (Genotropin and Norditropin). 2. For the High Performance Formulary, approve if the patient meets the following criteria (A or B):

	<p>A) Approve if the patient meets the following criteria (i and ii):</p> <ul style="list-style-type: none"> i. The patient meets the ESI Standard Growth Hormone Prior Authorization Policy criteria; AND ii. The patient has tried Omnitrope; OR <p>B) When criterion 2Ai is met but the patient has <u>not</u> tried the preferred product, approve Omnitrope.</p>
Omnitrope	<p>1. For the National Preferred Formulary, approve if the patient meets the following criteria (A <u>or</u> B):</p> <p>A) Approve if the patient meets the following criteria (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. The patient meets the ESI Standard <i>Growth Hormone Prior Authorization Policy</i> criteria; AND ii. The patient has tried both of the following products: Genotropin and Norditropin; OR <p>B) When criterion 1Ai is met but the patient has <u>not</u> tried both of the preferred products, approve the preferred products (Genotropin and Norditropin).</p> <p>2. For the High Performance formulary, approve if the patient meets the ESI Standard <i>Growth Hormone Prior Authorization Policy</i> criteria.</p>
Saizen	<p>1. For the National Preferred Formulary, approve if the patient meets the following criteria (A <u>or</u> B):</p> <p>A) Approve if the patient meets the following criteria (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. The patient meets the ESI Standard <i>Growth Hormone Prior Authorization Policy</i> criteria; AND ii. The patient has tried both of the following products: Genotropin and Norditropin; OR <p>B) When criterion 1Ai is met but the patient has <u>not</u> tried both of the preferred products, approve the preferred products (Genotropin Norditropin).</p> <p>2. For the High Performance formulary, approve if the patient meets the following criteria (A <u>or</u> B):</p> <p>A) Approve if the patient meets the following criteria (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. The patient meets the ESI Standard <i>Growth Hormone Prior Authorization Policy</i> criteria; AND ii. The patient has tried Omnitrope; OR <p>B) When criterion 2Ai is met but the patient has <u>not</u> tried the preferred product, approve Omnitrope.</p>
Zomacton	<p>1. For the National Preferred Formulary, approve if the patient meets the following criteria (A <u>or</u> B):</p> <p>A) Approve if the patient meets the following criteria (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. The patient meets the ESI Standard Growth Hormone Prior Authorization Policy criteria; AND ii. The patient has tried both of the following products: Genotropin and Norditropin; OR <p>B) When criterion 1Ai is met but the patient has <u>not</u> tried both of the preferred products, approve the preferred products (Genotropin and Norditropin).</p> <p>2. For the High Performance Formulary, approve if the patient meets the following criteria (A <u>or</u> B):</p> <p>A) Approve if the patient meets the following criteria (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. The patient meets the ESI Standard <i>Growth Hormone Prior Authorization Policy</i> criteria; AND ii. The patient has tried Omnitrope; OR

	B) When criterion 2Ai is met but the patient has <u>not</u> tried the preferred product, approve Omnitrope.
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REFERENCES

1. Genotropin® for injection [prescribing information]. New York, NY: Pfizer; April 2019.
2. Humatrope® for injection [prescribing information]. Indianapolis, IN: Eli Lilly and Company; December 2016.
3. Norditropin® injection [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; February 2018.
4. Nutropin AQ® Nuspin injection [prescribing information]. South San Francisco, CA: Genentech, Inc; December 2016.
5. Omnitrope® for injection [prescribing information]. Princeton, NJ: Sandoz Inc; June 2019.
6. Saizen® for injection [prescribing information]. Rockland, MA: EMD Serono Inc; May 2018.
7. Zomacton™ for injection [prescribing information]. Parsippany, NJ: Ferring Pharmaceuticals Inc.; July 2018.
8. Growth Hormone prior authorization policy. Express Scripts, Inc. Updated January 16, 2019.