

## PHARMACY POLICY STATEMENT

### Indiana Medicaid

DRUG NAME	Serostim (somatropin)
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product)
LIST OF DIAGNOSES CONSIDERED <b>NOT</b> MEDICALLY NECESSARY	<a href="#">Click Here</a>

Serostim (somatropin) is a **non-preferred** product and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

#### HIV-ASSOCIATED WASTING, CACHEXIA

For **initial** authorization:

1. Member is age 18 years or older; AND
2. Medication must be prescribed by an infectious disease specialist; AND
3. Member is currently on antiretroviral therapy; AND
4. Member has tried and had a suboptimal response to at least one alternative therapy (e.g., cyproheptadine, dronabinol, megestrol acetate) unless member has a contraindication or intolerance to all alternative therapies listed; AND
5. Member has a pre-treatment BMI < 18.5 kg/m<sup>2</sup>; AND
6. Member has had unintentional weight loss of > 10% body weight in the previous 6 months before initiating therapy.
7. **Dosage allowed:** 0.1 mg/kg up to 6 mg.

***If member meets all the requirements listed above, the medication will be approved for 12 weeks.***

For **reauthorization**:

1. Member must be in compliance with all of the initial criteria; AND
2. BMI has improved in response to therapy with Serostim; AND
3. Current BMI is < 27 kg/m<sup>2</sup>.

***If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 weeks.***

**CareSource considers Serostim (somatropin) not medically necessary for the treatment of the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:**

- Adult growth hormone deficiency
- Constitutional growth delay
- Corticosteroid-induced growth failure
- Cystic fibrosis



- Idiopathic, or non-growth hormone dependent, short stature
- Juvenile idiopathic, or chronic, arthritis
- Noonan Syndrome
- Obesity
- Partial growth hormone deficiency
- Pediatric growth failure due to chronic kidney disease
- Pediatric growth hormone deficiency
- Prader-Willi Syndrome
- SHOX deficiency
- Small for Gestational Age
- Turner Syndrome
- Wound healing in burns patients

DATE	ACTION/DESCRIPTION
10/25/2018	New policy for Serostim created.

References:

1. Serostim [prescribing information]. Rockland, MD: EMD Serono, Inc.; Revised June 2014.
2. Nemecheck PM, Polsky B, Gottlieb MS. Treatment Guidelines for HIV-associated wasting. *May Clin Proc.* 2000; 27: 386-394.

Effective date: 05/01/2019

Revised date: 10/25/2018