



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

SOMATROPIN - ZORBTIVE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
SOMATROPIN	ZORBTIVE		12767	GPI-14 (30100020102132)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Is the request for a patient with a diagnosis of short bowel syndrome who meets **ALL** of the following criteria?
 - Therapy is prescribed by or in consultation with a gastroenterologist
 - The requested medication is NOT prescribed for athletic enhancement or anti-aging purposes
 - The patient is currently on specialized nutritional support (such as high carbohydrate, low-fat diet, adjusted for individual requirements and preferences)

If yes, **approve for 4 weeks by GPID or GPI-14 for #1 vial per day (max dose not to exceed 8mg per day).**

If no, do not approve.

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **SOMATROPIN (Zorbtive)** requires the following rule(s) be met for approval:

- A. You have short bowel syndrome (the body cannot absorb fluids and nutrients due to a lack of a functional small intestine)
- B. Therapy is prescribed by or in consultation with a gastroenterologist (digestive system doctor)
- C. The requested medication is NOT prescribed for athletic enhancement or anti-aging purposes
- D. You are currently on specialized nutritional support such as high carbohydrate, low-fat diet, adjusted for individual requirements and preferences

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

1. Does the patient have a diagnosis of short bowel syndrome?

If yes, continue to #2.

If no, do not approve.

DENIAL TEXT: See the renewal denial text at the end of the guideline.

2. Has the patient been on the medication for 4 weeks?

If yes, do not approve. [**Note:** The patient should only be approved for one 4 weeks fill in a lifetime.]

DENIAL TEXT: See the renewal denial text at the end of the guideline.

If no, **approve by GPID or GPI-14 for the remainder of therapy with a maximum of 4 weeks of therapy. (Please subtract any previous fills; maximum cumulative approval is for 4 weeks.)**

RENEWAL DENIAL TEXT: ***Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **SOMATROPIN (Zorbtive)** requires the following rule(s) be met for renewal:

- A. You have short bowel syndrome (the body cannot absorb fluids and nutrients due to a lack of a functional small intestine)
- B. You have not been on the requested medication for 4 weeks

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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SOMATROPIN - ZORBTIVE

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Zorbtive.

REFERENCES

- Zorbtive [Prescribing Information]. Rockland, MA: EMD Serono, Inc.; September 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 11/01/22

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P&T Approval: 04/21