

PHARMACY POLICY STATEMENT

Marketplace

DRUG NAME	Sogroya (somapacitan-beco)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Sogroya (somapacitan-beco) is indicated for the treatment of pediatric patients aged 2.5 years and older who have growth failure due to inadequate secretion of endogenous growth hormone (GH) and the replacement of endogenous growth hormone in adults with growth hormone deficiency. It is administered once weekly by injection under the skin. Growth hormone deficiency (GHD) involves inadequate secretion of growth hormone from the pituitary gland.

Sogroya (somapacitan-beco) will be considered for coverage when the following criteria are met:

Adult Growth Hormone Deficiency

For initial authorization:

- 1. [REDACTED]; AND
- 2. [REDACTED] consultation with an endocrinologist; AND
- 3. Member has genetic or structural brain hypothalamic-pituitary defect that does not require testing (see appendix B); OR
- 4. Member must have documentation of **ALL** of the following:
 - a) Hypothalamic-pituitary defect (see appendix A);
 - b) IGF-1 <-2 standard deviations for age and gender;
 - c) Deficiencies in at least **THREE** pituitary axes (see appendix C); OR
- 5. Member must have documentation of **ALL** of the following:
 - a) Hypothalamic-pituitary defect (see appendix A);
 - b) IGF-1 <-2 standard deviations for age and gender;
 - c) Suboptimal response to **ONE** pre-treatment stimulation test defined as:
 - i) Insulin tolerance test (ITT) with a peak serum growth hormone concentration < 5 µg/mL (must include lab results with reference ranges);
 - ii) Macrilen (prior authorization required) with a peak serum growth hormone concentration < 2.8 ng/ml;
 - iii) Glucagon stimulation test (GST) with a peak serum growth hormone concentration meeting **ONE** of the following:
 - (1) < 3 µg / L for members²; with a BMI < 25 kg / m²
 - (2) < 1 µg / L for members²; with a BMI > 30 kg / m²
 - (3) < 1 µg / L for members with a BMI 25 to 30



CareSource considers Sogroy

