CVS Caremark®

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| Reference number(s) |
| 2244-A |

# Specialty Guideline Management Zorbtive

## Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

| Brand Name | Generic Name |
| --- | --- |
| Zorbtive | somatropin |

## Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

### FDA-approved Indications

Indicated for the treatment of short bowel syndrome in adult patients receiving specialized nutritional support.

All other indications are considered experimental/investigational and not medically necessary.

## Coverage Criteria

### Short bowel syndrome (SBS)1

Authorization of a total duration of 4 weeks may be granted for treatment of SBS in members who are dependent on parenteral nutrition support.

## Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

## References

1. Zorbtive [package insert]. Rockland, MA: EMD Serono, Inc.; September 2019.
2. Iyer K, DiBaise JK, Rubio-Tapia A. AGA Clinical practice update on management of short bowel syndrome: Expert review. Clin Gastroenterol Hepatol. 2022; 20(10):2185-2194.