

PHARMACY POLICY STATEMENT

Marketplace

DRUG NAME	Skytrofa (lonapegsomatropin)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Skytrofa (lonapegsomatropin) is a sustained-release growth hormone product. It is indicated for patients one year of age or older who weigh at least 11.5 kg and have growth failure due to inadequate secretion of endogenous growth hormone. It is administered as a once-weekly subcutaneous injection.

In the pivotal head-to-head clinical trial, once weekly Skytrofa was compared to daily Genotropin. Skytrofa demonstrated higher annualized height velocity at week 52 compared to Genotropin. Patients in the Skytrofa group experienced an annualized height velocity of 11.2 cm/year versus the Genotropin group who experienced annualized height velocity growth of 10.3 cm/year.

Skytrofa (lonapegsomatropin) will be considered for coverage when the following criteria are met:

Pediatric Growth Hormone Deficiency

For **initial** authorization:

1. Member is at least 1 year of age; AND
2. Member weighs at least 11.5kg; AND
3. Medication must be prescribed by or in consultation with an endocrinologist; AND
4. Member was diagnosed with congenital hypopituitarism as a newborn and had **BOTH** of the following:
 - a)

