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**Kaiser Foundation Health Plan of Washington**
**Kaiser Foundation Health Plan of Washington Options, Inc.**
Provider Communications, RCR-A3W-04
**PO Box 34262, Seattle WA 98124-1262**

**August 17, 2026**

**GROWTH HORMONES NOT COVERED UNDER THE MEDICAL BENEFIT MAY BE COVERED UNDER PHARMACY BENEFIT**

Dear Provider,

Growth hormones are on the **non-Medicare** list of office-administered drugs requiring prior authorization. **Effective November 1, 2026,** growth hormones will **NOT** be covered under the medical benefit. Pharmacy benefit coverage remains available for members who meet prior authorization criteria. This change does not affect current authorizations for growth hormones. However, any new authorizations are subject to the criteria below. **This letter is a notification of the upcoming change in prior authorization criteria required before administering this medication under the medical benefit.**

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington, Options, Inc. (Kaiser Permanente) require prior authorization for a select group of injectable drugs that may be administered under the medical benefit in a physician's office or by home infusion. These reviews are intended to ensure consistent benefit adjudication as well as appropriate utilization in accordance with the Kaiser Permanente Pharmacy & Therapeutics Committee's evidence-based criteria for coverage.

| BRAND NAMES | GENERIC NAMES | HCPCS |
|---|---|---|
| **Genotropin; Humatrope; Norditropin NordiFlex; Nutropin; Nutropin AQ; Omnitrope; Saizen; Serostim; Tev-Tropin; Zorbtive** | Somatropin (Growth Hormone) | J2941 |
| **Sogroya** | Somapacitan-beco | J3590, J3490 |
| **Ngenla** | Somatrogon-ghla | J3590, J3490 |
| **Skytrofa** | Lonapegsomatropin-tcgd | J3590, J3490 |

**Prior Authorization Criteria for Growth Hormones Products (changes in bold):**

| DRUG NAMES | COVERAGE CRITERIA |
|---|---|
| **Omnitrope** | *Pharmacy benefit criteria:<br>• Covered for children with one of the following:<br>o Prader-Willi syndrome.<br>o Idiopathic or secondary growth hormone deficiency.<br>o End-stage renal disease (on or off dialysis) for whom growth hormone is expected to produce the necessary weight gain in order to qualify patients for graft procedure<br>o Turner Syndrome<br>o Noonan Syndrome |

| DRUG NAMES | COVERAGE CRITERIA |
|---|---|
| | ○ SHOX (short stature Homeobox-gene deficiency)<br>○ Severe primary IGF-1 deficiency<br>• Not covered for idiopathic short stature in absence of growth hormone deficiency.<br>• Not covered for adult patients with growth hormone deficiency due to insufficient evidence to demonstrate long-term benefit and safety. Only short-term intermediate outcomes data are available showing small improvements in body composition (e.g., lean body mass, abdominal fat). Observational studies with long-term follow-up have not demonstrated improved health outcomes and indicate that the benefit of GH replacement on body composition is attenuated over time. Potential risks of long-term treatment with GH in adults include increased risk of diabetes mellitus, retinopathy, benign intracranial hypertension, and increased risk for neoplasm. |
| **Somatropin (Genotropin; Humatrope; Norditropin NordiFlex; Nutropin; Nutropin AQ; Saizen; Serostim; Tev-Tropin; Zorbtive)** | **Considered a self-administered medication for outpatient use. Not covered under the medical benefit (hospital, clinic, or home infusion). May be covered under the pharmacy benefit. Exceptions to self-administration may be considered based on the following:**<br>• **First dose for new starts to allow for self-administration training OR**<br>• **Documentation of impaired manual dexterity, impaired vision, or inability to safely self-administer AND**<br>• **Must meet clinical criteria (refer to pharmacy benefit*)**<br><br>*Pharmacy benefit criteria:<br>• Covered for children with failure, contraindication, or intolerance to the preferred somatropin (currently Omnitrope) AND one of the following:<br>○ Prader-Willi syndrome<br>○ Idiopathic or secondary growth hormone deficiency<br>○ End-stage renal disease (on or off dialysis) for whom growth hormone is expected to produce the necessary weight gain in order to qualify patients for graft procedure<br>○ Turner Syndrome<br>○ Noonan Syndrome<br>○ SHOX (short stature Homeobox-gene deficiency)<br>○ Severe primary IGF-1 deficiency<br>• Not covered for idiopathic short stature in absence of growth hormone deficiency<br>• Not covered for adult patients with growth hormone deficiency due to insufficient evidence to demonstrate long-term benefit and safety. Only short-term intermediate outcomes data are available showing small improvements in body composition (e.g., lean body mass, abdominal fat). Observational studies with long-term follow-up have not demonstrated improved health outcomes and indicate that the benefit of GH replacement on body composition is attenuated over time. Potential risks of long-term treatment with GH in adults include increased risk of diabetes mellitus, retinopathy, benign intracranial hypertension, and increased risk for neoplasm. |

| DRUG NAMES | COVERAGE CRITERIA |
|---|---|
| **Somapacitan-beco (Sogroya)**<br><br>**Somatrogon-ghla (Ngenla)** | **Considered a self-administered medication for outpatient use. Not covered under the medical benefit (hospital, clinic, or home infusion). May be covered under the pharmacy benefit. Exceptions to self-administration may be considered based on the following:**<br>• **First dose for new starts to allow for self-administration training OR**<br>• **Documentation of impaired manual dexterity, impaired vision, or inability to safely self-administer AND**<br>• **Must meet clinical criteria (refer to pharmacy benefit*)**<br><br>*Pharmacy benefit criteria:<br>• Covered for children with failure, contraindication, or intolerance to the preferred somatropin (currently Omnitrope) AND one of the following:<br>o Prader-Willi syndrome<br>o Idiopathic or secondary growth hormone deficiency<br>o End-stage renal disease (on or off dialysis) for whom growth hormone is expected to produce the necessary weight gain in order to qualify patients for graft procedure<br>o Turner Syndrome<br>o Noonan Syndrome<br>o SHOX (short stature Homeobox-gene deficiency)<br>o Severe primary IGF-1 deficiency<br>• Not covered for idiopathic short stature in absence of growth hormone deficiency<br>• Not covered for adult patients with growth hormone deficiency due to insufficient evidence to demonstrate long-term benefit and safety. Only short-term intermediate outcomes data are available showing small improvements in body composition (e.g., lean body mass, abdominal fat). Observational studies with long-term follow-up have not demonstrated improved health outcomes and indicate that the benefit of GH replacement on body composition is attenuated over time. Potential risks of long-term treatment with GH in adults include increased risk of diabetes mellitus, retinopathy, benign intracranial hypertension, and increased risk for neoplasm. |
| **Lonapegsomatropin-tcgd (Skytrofa)** | *Pharmacy benefit criteria:<br>• Children with failure, contraindication, or intolerance to the preferred somatropin (currently Omnitrope) AND one of the following:<br>o Prader-Willi syndrome<br>o Idiopathic or secondary growth hormone deficiency<br>o End-stage renal disease (on or off dialysis) for whom growth hormone is expected to produce the necessary weight gain in order to qualify patients for graft procedure<br>o Turner syndrome<br>o Noonan Syndrome<br>o SHOX (short stature Homeobox-gene deficiency)<br>o Severe primary IGF-1 deficiency |

| DRUG NAMES | COVERAGE CRITERIA |
|---|---|
| | • Not covered for idiopathic short stature in the absence of growth hormone deficiency<br>• Not covered for adult patients with growth hormone deficiency due to insufficient evidence to demonstrate long-term benefit and safety. Only short-term intermediate outcomes data are available showing small improvements in body composition (e.g., lean body mass, abdominal fat). Observational studies with long-term follow-up have not demonstrated improved health outcomes and indicate that the benefit of GH replacement on body composition is attenuated over time. Potential risks of long-term treatment with GH in adults include increased risk of diabetes mellitus, retinopathy, benign intracranial hypertension, and increased risk for neoplasm. |

**Additional Information**
A complete list of office-administered injectable drugs requiring prior authorization can be found on the Kaiser Permanente provider website at https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/officeinject.

To request prior authorization review, please use the Referral Request online form (login required) located on the Kaiser Permanente provider website. You can also fax your request to the Review Services department toll-free at 1-888-282-2685.

Thank you for the care you provide for our members, your patients. If you have any questions about this process, please call Review Services at 1-800-289-1363, Monday through Friday, from 8:00 a.m. to 5:00 p.m.

Sincerely,

Ravi Ubriani, MD, Chair
Pharmacy & Therapeutics Committee