Medical Policy
Macimorelin (Macrilen®)

<table>
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<th>Authorization required</th>
<th>Commercial and Qualified Health Plans</th>
<th>MassHealth</th>
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<tbody>
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<td>X</td>
</tr>
<tr>
<td>Not covered</td>
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Overview
Macimorelin is a growth hormone (GH) secretagogue receptor agonist indicated for the diagnosis of adult growth hormone deficiency (AGHD).

Criteria
1. Criteria for Approval (The member must meet all of the following requirements):
   - Member has contraindication to all other diagnostic tests (glucagon stimulation test, arginine, clonidine, insulin tolerance test, levodopa, or arginine combine with levodopa) for growth hormone deficiency
   - Member is 18 years of age or older
   - Member’s body mass index (BMI) is less than or equal to 40 kg/m²
   - Must be prescribed by an endocrinologist

2. Dosing and Administration
   - Member will receive a single-oral dose of 0.5 mg/kg of Macimorelin. The dose is administered as a reconstituted solution in members fasted for at least 8 hours.

Authorized CPT/HCPC/NDC* Codes

<table>
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<tr>
<th>Codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>J3490</td>
<td>Unclassified drug</td>
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<tr>
<td>NDC 71090-0002-02</td>
<td>Macrilen, Macimorelin Acetate</td>
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*National Drug Code. When billing Macrilen the NDC code listed above is required along with the unlisted HCPCS drug code.

Effective
December 2020: Annual update.
November 2019: Effective date.

References
Aeterna Zentaris GmbH. Macrilen™ (macimorelin) for oral solution [product information]. Frankfurt am Main, Germany; Aeterna Zentaris GmbH.