

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## Somavert (pegvisomant)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Somavert (pegvisomant) 10 mg, 15mg, 20 mg*, 25 mg, 30 mg single-use vial	1 vial per day

\*Initiation of Somavert therapy for Acromegaly: May approve up to one (1) additional 20 mg single-use vial to achieve a one-time loading dose of 40 mg.

### APPROVAL CRITERIA

Requests for Somavert (pegvisomant) may be approved if the following criteria are met:

- I. Individual has a diagnosis of acromegaly; **AND**
- II. Either of the following:
  - A. Individual has had an inadequate response to surgery and/or radiation therapy; **OR**
  - B. Surgery and/or radiation therapy are not an option (such as but not limited to, individual is an inappropriate candidate for surgical- or radiation-based therapy).

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

### Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed January 30, 2017.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.