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. Documentation is provided that individual has a diagnosis of acromegaly; **AND**
II. Diagnosis of acromegaly has been confirmed by, or in consultation with, a board-certified endocrinologist who has reviewed and verified the test results (including but not limited to: Insulin-like Growth Factor 1 levels; Oral Glucose Tolerance Test with associated Growth Hormone (GH) levels) that are indicative of a positive; **AND**
III. 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).

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2022. URL: http://www.clinicalpharmacology.com. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: June 29, 2022.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.