

Clinical Policy Title:	pegvisomant
Policy Number:	RxA.283
Drug(s) Applied:	Somavert®
Original Policy Date:	02/07/2020
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Acromegaly (must meet all):

1. Diagnosis of acromegaly as evidence by one of the following (a or b):
 - a. Pre-treatment IGF-I level above the upper limit of normal based on age and gender for the reporting laboratory;
 - b. Serum growth hormone (GH) level $\geq 1 \mu\text{g/mL}$ after a 2-hour oral glucose tolerance test;
2. Inadequate response to surgical resection or pituitary irradiation, or member is not a candidate for such treatment;
3. Trial and failure of a somatostatin analog, unless contraindicated or clinically significant adverse effects are experienced;

*Prior authorization may be required for somatostatin analogs.

Approval Duration

All Lines of Business (except Medicare): 6 months

II. Continued Therapy Approval

A. Acromegaly (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. Katznelson L, Atkinson JLD, Cook DM, Ezzat SZ, Hamrahian AH, Miller KK. American Association of Clinical Endocrinologists medical guidelines for clinical practice for the diagnosis and treatment of acromegaly – 2011 update. Endocrine Practice. 2011;17(Suppl 4). Available at: <https://endosuem.org.uy/wp-content/uploads/2016/07/Guias-AACE-2011.pdf>. Accessed August 28, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	01/2020	02/07/2020
Policy reviewed: 1. Formatting updated. 2. References updated.	06/21/2020	09/14/2020

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

<ul style="list-style-type: none"> 3. Clinical policy title updated. 4. Drug(s) applied updated. 5. Line of Business updated. 6. Continued Therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance..." 		
<p>Policy was reviewed:</p> <ul style="list-style-type: none"> 1. Route of administration updated to abbreviations. 2. Continued therapy criteria II.A.1 was rephrased to "Member is currently receiving medication..." 3. References were updated. 	04/02/2021	06/10/2021
<p>Policy was reviewed:</p> <ul style="list-style-type: none"> 1. Continued Therapy Approval Criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance..." 2. References were reviewed and updated. 	01/28/2022	4/18/2022
<p>Policy was reviewed:</p> <ul style="list-style-type: none"> 1. Initial Approval Criteria, I.A.1: Updated to include new diagnostic criteria <ul style="list-style-type: none"> A. Pre-treatment IGF-I level above the upper limit of normal based on age and gender for the reporting laboratory; B. Serum growth hormone (GH) level ≥ 1 $\mu\text{g/mL}$ after a 2-hour oral glucose tolerance test; 2. References were reviewed and updated. 	01/04/2023	4/13/2023
<p>Policy was reviewed.</p>	10/19/2023	10/19/2023
<p>Policy was reviewed:</p> <ul style="list-style-type: none"> 1. Removed age restrictions. 2. Removed prescriber restrictions. 3. Removed dose restrictions. 4. Updated Continued therapy approval with auto-approval based on lookback functionality within the past 120 days. 5. Removed reauthorization requirement for positive response to therapy. 6. Updated approval duration verbiage. 7. References were reviewed and updated. 	8/28/2024	9/13/2024
<p>Policy was reviewed.</p>	12/05/2024	N/A
<p>Policy was reviewed.</p>	12/11/2025	12/11/2025

