

Pegvisomant



Included Products: Somavert (pegvisomant)

Created: 03/05/2014

Revised: 03/09/2017

Reviewed: 03/09/2017

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All Diagnoses

Initial Criteria		If yes	If no
1.	Does the member have a diagnosis of acromegaly confirmed by elevated IGF-1 levels?	Continue to #2.	Do not approve.
2.	Is the acromegaly moderate to severe or symptomatic?	Continue to #3.	Do not approve.
3.	Does the member have persistent disease after surgery or considered not to be a candidate for surgery?	Continue to #4.	Do not approve.
4.	Is the request for combination therapy with a somatostatin receptor ligand, such as octreotide, lanreotide, or pasireotide?	Continue to #6.	Continue to #5.
5.	Has the member tried and failed or have a contraindication to a somatostatin receptor ligand, such as octreotide, lanreotide, or pasireotide?	Continue to #7.	Do not approve.
6.	Has the member failed or have contraindications to combination therapy with a somatostatin receptor ligand and a dopamine agonist, such as cabergoline or bromocriptine?	Continue to #7.	Do not approve.
7.	Approve for 6 months.		
Renewal Criteria		If yes	If no
1.	Has the member had a reduction in or reached a target goal of an age-normalized serum IGF-1 value?	Continue to #2.	Do not approve.
2.	Approve for 6 months.		