



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name:	Sohonos (palovarotene)	Page:	1 of 3
Effective Date:	12/26/2023	Last Review Date:	10/5/2023
Applies to:	<input checked="" type="checkbox"/> Illinois <input type="checkbox"/> Maryland <input type="checkbox"/> Michigan	<input type="checkbox"/> Florida <input checked="" type="checkbox"/> Florida Kids <input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> New Jersey <input checked="" type="checkbox"/> Pennsylvania Kids

### Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Sohonos under the patient's prescription drug benefit.

### Description:

#### FDA-Approved Indication

Sohonos is indicated for the reduction in volume of new heterotopic ossification in adults and pediatric patients aged 8 years and older for females and 10 years and older for males with fibrodysplasia ossificans progressiva (FOP).

All other indications are considered experimental/investigational and not medically necessary.

### Applicable Drug List:

Sohonos

### Policy/Guideline:

#### Criteria for Initial Approval:

#### I. Submission of the following information is necessary to initiate the prior authorization review:

##### A. Initial requests:

1. Genetic testing results confirming diagnosis of fibrodysplasia ossificans progressiva (FOP) with documented *activin receptor type 1 (ACVR1)* mutation (e.g., R206H).
2. Chart notes or medical record documentation supporting signs and symptoms of FOP.

#### II. Fibrodysplasia ossificans progressiva (FOP)

**Authorization may be granted for reduction in the volume of new heterotopic ossification in fibrodysplasia ossificans progressiva (FOP) when ALL the following criteria are met::**

- A. Sohonos is prescribed by or in consultation with a physician who is experienced in the treatment of fibrodysplasia ossificans progressiva (FOP) (e.g., orthopedist, rheumatologist).
- B. Member has a genetically confirmed diagnosis of FOP with genetic testing indicating the patient has an *activin receptor type 1 (ACVR1)* mutation (e.g., R206H).



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- C. Member has signs and symptoms of FOP (e.g., malformation of the great toe, abnormal vertebral morphology, ectopic ossification in ligament or muscle tissue).
- D. Member meets EITHER of the following age criteria:
  1. Member is a male 10 years of age or older.
  2. Member is a female 8 years of age or older

**Criteria for Continuation of Therapy**

**III. Submission of the following information is necessary for continuation of therapy:**

- A. Chart notes or medical record documentation supporting benefit from therapy.

**IV. Authorization may be granted for continuation of therapy when ALL the following criteria are met:**

- A. Member meets EITHER of the following age criteria:
  1. Member is a male 10 years of age or older.
  2. Member is a female 8 years of age or older
- B. Member is experiencing benefit from therapy as evidenced by disease stability or disease improvement (e.g., reduction in the volume of new heterotopic ossification).
- C. Sohonos is prescribed by or in consultation with a physician who is experienced in the treatment of fibrodysplasia ossificans progressiva (FOP) (e.g., orthopedist, rheumatologist).

**Approval Duration and Quantity Restrictions:**

**Initial Approval:** 12 months

**Quantity Level Limit:**

Medication	Quantity Level Limit	FDA-recommended dosing
Sohonos 1mg	28 capsules per 28 days	Patients ≥14 years: 5mg QD Flare-up dose: 20mg QD for 4 weeks, followed by 10mg QD x 8 wks
Sohonos 1.5mg	56 capsules for 28 days	
Sohonos 2.5mg	28 capsules per 28 days	Patients ≤13 years: 2.5mg to 5mg QD based on weight Flare-up dose: 10mg to 20mg QD x 4 wks, followed by 5mg to 10mg QD x 8 wks based on weight
Sohonos 5mg	28 capsules per 28 days	
Sohonos 10mg	56 capsules per 28 days	



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**References:**

1. Sohonos [package insert]. Cambridge, MA: Ipsen Biopharmaceuticals Inc; August 2023.
2. An Efficacy and Safety Study of Palovarotene for the Treatment of Fibrodysplasia Ossificans Progressiva. (MOVE). ClinicalTrials.gov identifier: NCT03312634. Updated March 14, 2023. Accessed August 29, 2023. <https://classic.clinicaltrials.gov/ct2/show/NCT03312634>
3. Kaplan FS, Mukaddam MA, Baujat, et al. The medical management of fibrodysplasia ossificans progressiva: current treatment considerations. Proc Intl Clin Council FOP. 2022; 2:1-127. Accessed August 29, 2023. [https://www.ifopa.org/for\\_medical\\_professionals](https://www.ifopa.org/for_medical_professionals)
4. Genetic and Rare Diseases Information Center (GARD). Fibrodysplasia Ossificans Progressiva. Rare Disease Database. Last updated February 2023. Accessed August 29, 2023. <https://rarediseases.info.nih.gov>