

<b>POLICY NAME</b>	Somavert (pegvisomant)	<b>POLICY #</b>	2481P
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## Criteria

### Coverage Criteria for the Treatment of Acromegaly

- ☐ Prescribed by an endocrinologist (hormone doctor)
- ☐ Diagnosis of acromegaly
- ☐ Age 18 years or older
- ☐ High Insulin-like Growth Factor (IGF-1) levels for age (lab values are required)
- ☐ Documented inadequate response to surgery or radiotherapy or clinical reason why the patient has not had surgery or radiotherapy
- ☐ Documented trial and failure or contraindication to Sandostatin LAR and Somatuline Depot