

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2023 P 1418-1
Program	Prior Authorization/Notification
Medication	Sohonos™ (palovarotene)
P&T Approval Date	10/2023
Effective Date	1/1/2024

**1. Background:**

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

**2. Coverage Criteria<sup>a</sup>:**

**A. Initial Authorization**

1. **Sohonos** will be approved based on **all** of the following criteria:

a. Diagnosis of fibrodysplasia ossificans progressiva (FOP)

-AND-

b. **One** of the following:

(1) **Both** of the following:

- (a) Patient is female
- (b) Patient is aged 8 years and older

-OR-

(2) **Both** of the following:

- (a) Patient is male
- (b) Patient is aged 10 years and older

-AND-

c. **Sohonos** is being used to reduce the volume of new heterotopic ossification (HO)

**Authorization will be issued for 12 months.**

**B. Reauthorization**

1. **Sohonos** will be approved based on the following criterion:

a. Documentation of positive clinical response to Sohonos therapy

**Authorization will be issued for 12 months.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

**4. References:**

1. Sohonos [package insert]. Cambridge, MA: Ipsen Biopharmaceuticals, Inc.; August 2023.

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<b>Change Control</b>	
10/2023	New program.