

Sohonos (palvarotene)
Effective 09/01/2025

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview

Sohonos (palvarotene) is a retinoid 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).

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted when all of the following criteria are met:

1. Member has a diagnosis of fibrodysplasia ossificans progressive (FOP)
2. Genetic testing results confirming FOP with documented activin receptor type 1 (ACVR1) mutation (e.g., R206H)
3. Member has signs and symptoms of FOP (e.g., malformation of the great toe, abnormal vertebral morphology, ectopic ossification in ligament or muscle tissue).
4. Member meets ONE of the following:
 - a. Male member aged 10 years of age or older.
 - b. Female member aged 8 years of age or older.
5. Medication is prescribed by or in consultation with a physician who is experienced in the treatment of FOP (e.g., orthopedist, rheumatologist).

Continuation of Therapy

Requests for reauthorization will be approved when all of the following criteria are met:

1. ONE of the following:
 - a. Member is male 10 years of age or older
 - b. Member is female 8 years of age or older
2. Member is experiencing benefit from therapy as evidenced by disease stability or disease improvement (e.g., reduction in the volume of new heterotopic ossification)

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.

2. The following quantity limits apply:

Drug Name and Dosage Form	Quantity Limit
Sohonos capsule	4 capsules per day

References

1. Sohonos (palovarotene) [prescribing information]. Cambridge, MA: Ipsen Biopharmaceuticals Inc; March 2025.
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
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>

Review History

2/14/2024 - Created and Reviewed at Feb P&T, Effective 3/1/2024

08/13/2025 – Reviewed at August P&T. No clinical changes. Effective 09/01/2025.

