

**SOHONOS  
(palovarotene)**

**Pre - PA Allowance**

None

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**Prior-Approval Requirements**

**Age**            8 years of age or older in females  
                     10 years of age or older in males

**Diagnosis**

Patient must have the following:

Fibrodysplasia ossificans progressiva (FOP)

**AND ALL** of the following:

1. Female patients of reproductive potential **only**: patient has had a negative pregnancy test
2. Female patients of reproductive potential **only**: patient will be advised to use effective contraception 1 month prior to treatment with Sohonos, during treatment, and for 1 month after the last dose
3. Pediatric patients **only**: prescriber agrees to monitor for premature epiphyseal closure or adverse effects on growth

**Prior - Approval Limits**

**Duration**    12 months

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**Prior – Approval *Renewal* Requirements**

**Age**            8 years of age or older in females  
                     10 years of age or older in males

**Diagnosis**

Patient must have the following:

Fibrodysplasia ossificans progressiva (FOP)

**AND ALL** of the following:



**BlueCross  
BlueShield**

Federal Employee Program.

**SOHONOS  
(palovarotene)**

1. Female patients of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Sohonos and for 1 month after the last dose
2. Pediatric patients **only**: prescriber agrees to monitor for premature epiphyseal closure or adverse effects on growth

**Prior - Approval *Renewal* Limits**

Same as above