

Marketplace	
DRUG NAME	Somavert (pegvisomant)

Acromegaly	
<u>initial</u>	
NOTE	
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Dosage allowed/Quantity limit:	
If all the above requirements are met, the medication will be approved for 3 months.	
<u>reauthorization</u>	
If all the above requirements are met, the medication will be approved for an additional 12 months.	

