CARECONTINUUM™

UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Fibrodysplasia Ossificans Progressiva - Pasatru Utilization Management Medical Policy
- Pasatru™ (garetosmab-grts intravenous infusion - Regeneron)

REVIEW DATE: 08/26/2026

OVERVIEW

Pasatru, an activin signaling inhibitor, is indicated for the reduction of new heterotopic ossification (HO) lesions and clinician-assessed flare-ups in adults ≥ 18 years of age with **fibrodysplasia ossificans progressiva (FOP)**.[1]

Dosing

Pasatru is dosed at 10 mg/kg intravenously (IV) once every 4 weeks.[1] The dose may be decreased to 3 mg/kg IV every 4 weeks if the 10 mg/kg dose is not tolerated.

Disease Overview

FOP is an ultra-rare, autosomal dominant genetic disorder of connective tissue characterized by congenital malformation of the great toes and progressive HO leading to disability, loss of mobility, reduced quality of life, and premature mortality.[2,3] Patients experience episodes of painful inflammatory swelling in the soft tissues, (flare-ups), that often result in the formation of mature bone within muscles, tendons, ligaments, and other connective tissues. However, HO can also occur without a recognized flare-up.[1,2] Over time, progressive HO causes cumulative and irreversible loss of mobility. Progressive thoracic insufficiency and cardiorespiratory complications are major contributors to morbidity and mortality. About 97% of patients with classic FOP harbor the same heterozygous gain-of-function variant in the *ACVR1* gene.[2]

Clinical Efficacy

Pasatru was evaluated in a Phase III, randomized, double-blind, placebo-controlled study of 63 adults with FOP.[1] Eligible patients were 18 years of age or older, had a FOP-causing *ACVR1* variant, evidence of disease activity or progression of HO, and received Pasatru 3 mg/kg IV, Pasatru 10 mg/kg IV, or placebo IV every four weeks for 56 weeks. The primary endpoint was the number of new HO lesions at Week 56, with secondary endpoints including flare-ups and HO lesion volume. Pasatru significantly reduced the number of new HO lesions compared with placebo and was associated with reductions in clinician-assessed flare-ups and HO lesion volume. [1,7]

Guidelines

The American Society of Bone and Mineral Research (ASBMR) Medical Guidelines for FOP (2025) recommend that each patient with the disease should have a primary provider who is able to consult with a FOP expert and help coordinate a local care team.[3] The diagnosis of FOP is based on clinical findings, but requires genetic confirmation (i.e., *ACVR1* gene pathogenic variant), which can be detected by DNA sequence analysis. At the time of guideline publication, Pasatru was discussed only as an emerging investigational therapy and was not included in specific treatment recommendations.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Pasatru. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and

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diagnosis of patients treated with Pasatru as well as the monitoring required for adverse events and long-term efficacy, approval requires Pasatru to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Pasatru is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Fibrodysplasia Ossificans Progressiva.** Approve for 1 year if the patient meets ALL the following (A, B, C, and D):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has had a genetic test confirming a pathogenic variant in Activin A Type 1 Receptor (*ACVR1*) consistent with a diagnosis of fibrodysplasia ossificans progressiva; AND
   - **C)** Patient has heterotopic ossification as confirmed by radiologic testing; AND
     Note: Examples of radiologic testing are x-ray, computed tomography (CT), magnetic resonance imaging (MRI), or positron emission tomography (PET) scan.
   - **D)** The medication is prescribed by or in consultation with an endocrinologist or physician who specializes in bone disease.

   Dosing. Approve ONE of the following dosing regimens (A or B):
   - **A)** 10mg/kg given intravenously every 4 weeks; OR
   - **B)** 3mg/kg given intravenously every 4 weeks.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Pasatru is not recommended in the following situations:

1. **Adjunct to Weight Loss in Combination with a GLP-1 Receptor Agonist.** Pasatru is not indicated for use as an adjunct to weight loss therapy, including use in combination with a GLP-1 receptor agonist. Garetosumab has been evaluated in clinical studies for preservation of lean body mass during GLP-1 receptor agonist-associated weight loss, the safety and efficacy of this use have not been established and additional studies are needed.[5]

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Pasatru™ intravenous infusion [prescribing information]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; August 2026.
2. Di Rocco M, Forleo-Neto E, Pignolo RJ, et al. Garetosmab in fibrodysplasia ossificans progressiva: a randomized, double-blind, placebo-controlled phase 2 trial. *Nat Med*. 2023;29(10):2615-2624.
3. Kaplan FS, Al Mukaddam M, Baujat G, et al. Medical guidelines for fibrodysplasia ossificans progressiva. *JBMR Plus*. 2025;9(11):ziaf150.
4. Akesson LS, Savarirayan R. Fibrodysplasia ossificans progressiva. In: Adam MP, Feldman J, Mirzaa GM, et al, eds. GeneReviews® [Internet]. Seattle, WA: University of Washington, Seattle; June 12, 2020. Updated July 3, 2024. Accessed August 19, 2026.

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5. Aimelet V, Holst JJ. Pharmacological intervention: challenges and promising outcomes for fat loss and preservation of lean body mass in the treatment of overweight and type 2 diabetes. *Diabetes Obes Metab*. 2026;28(2):803-816.
6. Kaplan FS, Al Mukaddam M, Pignolo RJ. A cumulative analogue joint involvement scale (CAJIS) for fibrodysplasia ossificans progressiva (FOP). *Bone*. 2017;101:123-128.
7. Regeneron Pharmaceuticals, Inc. Regeneron announces positive Phase 3 trial in adults with ultra-rare genetic disorder fibrodysplasia ossificans progressiva (FOP), demonstrating that garetosmab prevents greater than 99% of abnormal bone formation [news release]. September 17, 2025. Accessed August 20, 2026. https://investor.regeneron.com/news-releases/news-release-details/regeneron-announces-positive-phase-3-trial-adults-ultra-rare.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	08/26/2026

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