

Signifor LAR (pasireotide pamoate)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Signifor LAR (pasireotide pamoate)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Signifor LAR (pasireotide pamoate) may be approved if the following criteria are met:

- I. Documentation is provided that individual has a diagnosis of acromegaly; **AND**
- II. Diagnosis of acromegaly has been confirmed by, or in consultation with, a board-certified endocrinologist who has reviewed and verified the test results (including but not limited to: Insulin-like Growth Factor 1 levels; Oral Glucose Tolerance Test with associated Growth Hormone (GH) levels) that are indicative of a positive test; **AND**
- III. Individual has had an inadequate response to surgery and/or surgery is not an option (such as but not limited to, individual is an inappropriate candidate for surgical-based therapy);

OR

- IV. Documentation is provided that individual has a diagnosis of Cushing's disease; **AND**
- V. Diagnosis of Cushing's has been confirmed by, or in consultation with, a board-certified endocrinologist who has reviewed and verified the test results (including but not limited to: 24-hour urinary free cortisol (UFC) test; Dexamethasone suppression test (DST); Late-night salivary cortisol (LNSC) test) that are indicative of a positive test; **AND**
- VI. One of the following:
 - A. Disease persists or recurs following pituitary surgery; **OR**
 - B. Pituitary surgery is not indicated or an option.

Requests for Signifor LAR (pasireotide pamoate) may not be approved for the following:

- I. Individual has a diagnosis of severe hepatic impairment (Child Pugh C).

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2022. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 8, 2022.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

5.