Signifor (pasireotide diaspartate)

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

Medications	Quantity Limit
Signifor (pasireotide diaspartate) 0.3 mg/mL, 0.6 mg/mL, 0.9 mg/mL ampules	May be subject to quantity limit

APPROVAL CRITERIA

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

I. Individual is 18 years of age or older; **AND**
II. Documentation is provided that individual has a diagnosis of Cushing's disease; **AND**
III. 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**
IV. One of the following:
    A. Disease persists of recurs following pituitary surgery; **OR**
    B. Pituitary surgery is not indicated or an option.

Signifor (pasireotide diaspartate) 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.