Signifor (pasireotide diaspartate)

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

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

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.

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

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