POLICY NAME

Signifor and Signifor LAR (pasireotide)

has not had surgery or radiotherapy

POLICY #

2421P

Criteria

Crite	eria for Initial Coverage of Signifor for the Treatment of Cushing's Syndrome
	Diagnosis of Cushing's syndrome/disease
	Documentation that the member underwent a surgical procedure which was not curative or that the member is not a candidate for surgery
	Signifor is prescribed by or in consultation with an endocrinologist (hormone doctor)
	Submission of baseline fasting plasma glucose and/or HbA1c levels which show controlled glucose levels, OR • Signifor may increase blood sugar levels
	Documentation which shows the member's glucose levels are not controlled while on maximum antidiabetic therapy • Signifor may increase blood sugar levels
	drome Documentation of a clinically meaningful reduction in 24-hour urinary free cortisol (UFC) levels,
	Documentation of a clinically meaningful reduction in 24-hour urinary free cortisol (UFC) levels,
	Documentation of continued controlled blood glucose levels, OR
	Documentation that the member's glucose levels are not controlled while on maximum antidiabetic therapy.
Crite	eria for coverage of Signifor LAR for the Treatment of Acromegaly
	Prescribed by an endocrinologist (hormone doctor)
	Diagnosis of acromegaly
	Documented high growth factor hormone (IGF-1) for age
	Lab-specific values
	Documented inadequate response to surgery or radiotherapy or clinical reason why the patient

Documented failure of or contraindication to Sandostatin or Sandostatin LAR