

PHARMACY POLICY STATEMENT

North Carolina Marketplace

BENEFIT TYPE

Medical (Signifor LAR) or Pharmacy (Signifor)

Signifor, Signifor LAR (pasireotide) will be considered for coverage when the following criteria are met:

Cushing's Disease

For initial authorization:

- 1. Member is 18 years old or older; AND
- 2. Medication must be prescribed by or in consultation with an endocrinologist; AND
- 3. Member has a diagnosis of Cushing's disease, with an elevated urinary free cortisol (UFC) level (lab report required); AND
- 4. Member had pituitary surgery and it was not curative OR member is not a candidate for surgery (documentation required); AND
- 5. If the member has uncontrolled diabetes, anti-diabetic therapy must be optimized before starting treatment (as evidenced by consistent fill history); AND
- 6. Member has tried and failed ketoconazole and/or cabergoline for at least 3 months.
- 7. Dosage allowed/Quantity limit:
 Signifor: 0.3 mg to 0.9 mg subQ twice daily (60 ampules per 30 days)
 Chart notes must show reduced UFC legal 2.
 Chart notes must show improved signs

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Acromegaly (SIGNIFOR LAR ONLY)

For initial authorization:

- 1. Member is 18 years old or older; AND
- 2. Medication must be prescribed by or in consultation with an endocrinologist; AND
- 3. Member has diagnosis of uncontrolled acromegaly confirmed by insulin-like growth factor (IGF-1) elevation above normal (lab report required); AND
- 4. Member had an inadequate response to surgery or surgery is not an option (documentation required); AND
- 5. If the member has uncontrolled diabetes, anti-diabetic therapy must be optimized before starting treatment (as evidenced by consistent fill history); AND
- 6. Member remains uncontrolled (persistent IGF-1 elevation) after optimized treatment with octreotide or lanreotide for at least 3 months¹¹.
- 7. Dosage allowed/Quantity limit: 40 mg to 60mg every 28 days (1 vial per 28 days)

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For reauthorization:

1. Chart notes/lab report must show normalized or improved (decreased) IGF-1.8,9

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