

# PHARMACY POLICY STATEMENT

## Indiana Medicaid

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 months<sup>11</sup>.
7. Dosage allowed/Quantity limit: 40 mg to 60mg every 28 days (1 vial per 28 days)

If all the above requirements are met, the medication will be approved for 6 months.

For reauthorization :

1. Chart notes/lab report must show normalized or improved (decreased) IGF-1.<sup>8,9</sup>

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Signifor, Signifor LAR (pasireotide) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off -Label policy.

DATE	ACTION/DESCRIPTION
07/06/2020	New policy for Signifor, Signifor LAR created.
03/28/2022	Transferred to new template. The word "second-generation" was added to the summary. Cushing's: Added new reference. Acromegaly: Added new reference, revised language for octreotide/ lanreotide criterion.

References:

1. Signifor [package insert]. Recordati Rare Diseases

