Reference number
2096-A

SPECIALTY GUIDELINE MANAGEMENT

SIGNIFOR LAR (pasireotide injectable suspension)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

A. Treatment of patients with acromegaly who have had an inadequate response to surgery and/or for whom surgery is not an option
B. Treatment of patients with Cushing's disease for whom pituitary surgery is not an option or has not been curative

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:

A. For acromegaly:
   1. For initial approval: Laboratory report indicating high pretreatment insulin-like growth factor-1 (IGF-1) level and chart notes indicating an inadequate or partial response to surgery or a clinical reason for not having surgery.
   2. For continuation: Laboratory report indicating normal current IGF-1 levels or chart notes indicating that the member's IGF-1 level has decreased or normalized since initiation of therapy.
B. Cushing's syndrome:
   1. For initial requests, pretreatment cortisol level as measured by one of the following tests:
      a. Urinary free cortisol (UFC) level
      b. Late-night salivary cortisol
      c. 1 mg overnight dexamethasone suppression test (DST)
      d. Longer, low dose DST (2mg per day for 48 hours)
   2. For continuation of therapy, current cortisol level as measured by one of the following tests:
      a. Urinary free cortisol (UFC) level
      b. Late-night salivary cortisol
      c. 1 mg overnight dexamethasone suppression test (DST)
      d. Longer, low dose DST (2mg per day for 48 hours)

III. CRITERIA FOR INITIAL APPROVAL

A. Acromegaly

Authorization of 12 months may be granted for the treatment of acromegaly when all of the following criteria are met:

1. Member has a high pretreatment IGF-1 level for age and/or gender based on the laboratory reference range.

2. Member had an inadequate or partial response to surgery OR there is a clinical reason why the member has not had surgery.

B. Cushing's syndrome/disease
Authorization of 12 months may be granted for the treatment of Cushing's disease/syndrome when the member has had surgery that was not curative OR the member is not a candidate for surgery.

IV. CONTINUATION OF THERAPY

A. Acromegaly
Authorization of 12 months may be granted for continuation of therapy for acromegaly when the member's IGF-1 level has decreased or normalized since initiation of therapy.

B. Cushing's syndrome/disease
Authorization of 12 months for continuation of therapy may be granted for members that meet one of the following criteria:
1. Lower cortisol levels since the start of therapy per one of the following tests:
   a. Urinary free cortisol (UFC)
   b. Late-night salivary cortisol
   c. 1 mg overnight dexamethasone suppression test (DST)
   d. Longer, low dose DST (2mg per day for 48 hours)
2. Improvement in signs and symptoms of the disease

V. REFERENCES

1. Signifor LAR [package insert]. Lebanon, NJ: Recordati Rare Diseases Inc.; June 2020.
2. Katznelson L, Laws ER Jr, Melmed S, et al. Acromegaly: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2014;99:3933-3951.
3. American Association of Clinical Endocrinologists Acromegaly Guidelines Task Force. Medical guidelines for clinical practice for the diagnosis and treatment of acromegaly – 2011 update. *Endocr Pract*. 2011;17(suppl 4):1-44.
4. Gadelha MR, Bronstein MD, Brue T, et al. Pasireotide versus continued treatment with octreotide or lanreotide in patients with inadequately controlled acromegaly (PAOLA): a randomized, phase 3 trial. *Lancet Diabetes Endocrinol*. 2014;2:875-84.
5. Colao A, Bronstein MD, Freda P, et al. Pasireotide versus octreotide in acromegaly: a head-to-head superiority study. *J Clin Endocrinol Metab.* 2014;99:791–799.
6. Nieman LK, Biller BM, Findling JW, et al. Treatment of Cushing's syndrome: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab.* 2015;100(8):2807-31.
7. Fleseriu M, Auchus R, bancos I, et al. Consensus on Diagnosis and Management of Cushing's Disease: A Guideline Update. *Lancet Diabetes Endocrinol*. 2021; 9: 847-875.