

Acromegaly, Carcinoid, Cushing Syndrome Agents
Somavert (pegvisomant)
Signifor LAR (pasireotide injectable suspension)
Effective 10/01/2026

Plan	☒ MassHealth UPPL ☐ Commercial/Exchange		Program Type	☒ Prior Authorization
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit			☐ Quantity Limit ☐ Step Therapy
Specialty Limitations	N/A			
Contact Information	Medical Benefit	Phone: 833-895-2611	Fax: 888-656-6671	
	Pharmacy Benefit	Phone: 800-711-4555	Fax: 844-403-1029	
Notes	Somavert (pegvisomant) is also available on the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria. Additional agents from this class are available through the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.			

Overview

Somavert is indicated for the treatment of acromegaly in patients who have had an inadequate response to surgery or radiation therapy, or for whom these therapies are not appropriate.

Signifor LAR is indicated for:

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

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met:

Signifor LAR (pasireotide injectable suspension)

Cushing's disease

- Diagnosis of Cushing's disease
- Prescriber is an endocrinologist or consult notes from an endocrinologist are provided
- ONE** of the following:
 - Member has failed surgical intervention (reoccurrence after surgery or failed tumor removal)
 - Member is not a candidate for surgery
- Inadequate response, adverse reaction to ONE, or contraindication to ALL of the following:
 - cabergoline
 - ketoconazole tablet

- c. Lysodren (mitotane)
- d. Metopirone (metyrapone)
- 5. Quantity requested is ≤ 1 kit or vial/30 days

Acromegaly

- 1. Diagnosis of acromegaly
- 2. Prescriber is an endocrinologist or consult notes from an endocrinologist are provided
- 3. **ONE** of the following:
 - a. Member has persistent or recurring disease following surgery and/or radiation
 - b. Member is not a candidate for surgery
- 4. **ONE** of the following:
 - a. Inadequate response or adverse reaction to one somatostatin analog that does not require PA
 - b. Contraindication to the use of ALL somatostatin analogs available without PA
- 5. **ONE** of the following:
 - a. Inadequate response, adverse reaction, or contraindication to cabergoline in combination with a somatostatin analog
 - b. History of no response to cabergoline or a somatostatin analog
- 6. Quantity requested is ≤ 1 kit or vial/30 days

Somavert (pegvisomant)

- 1. Diagnosis of acromegaly
- 2. Prescriber is an endocrinologist or consult notes from an endocrinologist are provided
- 3. **ONE** of the following:
 - a. Member has persistent or recurring disease following surgery and/or radiation
 - b. Member is not a candidate for surgery
- 4. **ONE** of the following:
 - a. Inadequate response or adverse reaction to one somatostatin analog that does not require PA
 - b. Contraindication to the use of ALL somatostatin analogs available without PA
- 5. **ONE** of the following:
 - a. Inadequate response, adverse reaction, or contraindication to cabergoline in combination with a somatostatin analog
 - b. History of no response to cabergoline or a somatostatin analog
- 6. Quantity requested is ≤ 1 vial/day

Continuation of Therapy

Reauthorization by physician will infer a positive response to therapy.

Limitations

- 1. Initial approvals and reauthorizations will be granted for 12 months.

References

- 1. Melmed S, Katznelson L. Causes and clinical manifestations of acromegaly. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2021 Dec [cited 2022 Jan 19]. Available from: <http://www.utdol.com/utd/index.do>.



2. Melmed S, Katznelson L. Treatment of acromegaly. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2021 Dec [cited 2022 Jan 19]. Available from: <http://www.utdol.com/utd/index.do>.
3. Katznelson L, Atkinson JL, Cook DM, Ezzat SZ, Hamrahian AH, Miller KK et al. American Association of Clinical Endocrinologists medical guidelines for clinical practice for the diagnosis and treatment of acromegaly--2011 update. *Endocr Pract*. 2011 Jul-Aug;17 Suppl 4:1-44.
4. Katznelson L, Laws ER Jr, Melmed S, Molitch ME, Murad MH, Utz A et al. Acromegaly: an endocrine society clinical practice guideline. *J Clin Endocrinol Metab*. 2014 Nov;99(11):3933-51
5. Somavert® [package insert on the Internet]. New York (NY): Pharmacia and Upjohn; 2021 Aug.
6. Signifor® LAR [package insert on the internet]. East Hanover (NJ): Novartis Pharmaceuticals Corporation; 2020 Jun.
7. Thanabalasingham G, Grossman AB. Acromegaly: Beyond surgery. *Indian J Endocrinol Metab*. 2013 Jul;17(4):563-7.
8. Strosberg JR. Treatment of the carcinoid syndrome. UpToDate [database on the internet]. Waltham (MA): UpToDate; 2021 Dec [cited 2022 Jan 19]. Available from: <http://www.utdol.com/utd/index.do>.
9. National Comprehensive Cancer Network (NCCN). Clinical practice guidelines in oncology: neuroendocrine and adrenal tumors Version 1.2019 [guideline on the internet]. Fort Washington (PA): National Comprehensive Cancer Network; 2019 Mar 5 [cited 2020 Jan 9]. Available from: http://www.nccn.org/professionals/physician_gls/pdf/neuroendocrine.pdf.
10. Nieman LK. Epidemiology and clinical manifestations of Cushing's Syndrome. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2021 Dec [cited 2022 Jan 19]. Available from: <http://www.utdol.com/utd/index.do>.
11. Nieman LK. Overview of Treatment of Cushing's Syndrome. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2021 Dec [cited 2022 Jan 19]. Available from: <http://www.utdol.com/utd/index.do>.
12. Nieman LK. Medical Therapy of hypercortisolism (Cushing's Syndrome). In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2021 Dec [cited 2022 Jan 19]. Available from: <http://www.utdol.com/utd/index.do>.
13. Welt CK. Hypothalamic-pituitary axis. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2021 Dec [cited 2022 Jan 19]. Available from: <http://www.utdol.com/utd/index.do>.
14. Montana State University. The HPA Axis: Alcohol-Induced Pseudo-Cushing's Syndrome [homepage on the Internet]. Bozeman (MT): 2013 [cited 2016 Dec 29]. Available from: <http://www.montana.edu/wwwai/imsd/alcohol/Vanessa/vwhpa.htm>.
15. FDA Approves New Treatment for Adults with Cushing's Disease [press release on the internet]. Silver Spring (MD): Food and Drug Administration; 2020 Mar 6 [cited 2020 May 4] Available from: <https://www.fda.gov/news-events/press-announcements/fda-approves-new-treatment-adults-cushings-disease>.
16. Fleseriu M, Biller BMK, Freda PU, Gadhelha MR, Giustina A, Katznelson L, et al. A Pituitary Society update to acromegaly management guidelines. *Pituitary*. 2021 Feb;24(1):1-13. doi: 10.1007/s11102-020-01091-7. Epub 2020 Oct 20.
17. Pituitary Society. Consensus on diagnosis and management of Cushing's disease: a guideline update. 2021 [guideline on the Internet]. [cited 2026 April 17]
18. Acromegaly Consensus Group. Consensus on acromegaly therapeutic outcomes: an update. 2025 [guideline on the Internet]. [cited 2026 April 17]; <https://doi.org/10.1038/s41574-025-01148-2>



19.

Review History

11/16/2022 – Created for Nov P&T. Matched MH UPPL. The following medications will require a prior authorization on the pharmacy benefit: Somavert, Signifor, Signifor LAR. Combined Mycapssa, Xermelo, Isturisa, Korlym, and Signifor LAR agents and matched MH UPPL criteria. Effective 2/1/23

5/15/25 – Reviewed and updated for P&T. Updated header to differentiate MB drugs vs Rx drugs in this class. Medical criteria remains. Pharmacy criteria was removed and can be accessed via MHD. Effective 6/1/25

9/10/25 – Reviewed and updated for P&T. Verbiage update regarding member not being a candidate for surgery and prescriber specialty. Effective 10/1/25

09/10/26 – Reviewed and updated for P&T. Updated Signifor LAR and Somavert criteria for acromegaly to remove criterion points regarding severity of symptoms and include the use of cabergoline with a somatostatin analog per MH guideline recommendations. Updated Signifor LAR criteria for Cushing's disease to include prescriber involvement in endocrinology. Effective 10/1/26

