pasireotide diaspartate (Signifor®)

EOCCO POLICY

Policy Type: PA/SP Pharmacy Coverage Policy: EOCCO147

Description

Pasireotide diaspartate (Signifor) is a subcutaneous solution somatostatin analog that exerts its activity by binding to somatostatin receptors. Adrenocorticotropic hormone (ACTH) secretion is inhibited leading to decreased cortisol secretion.

Length of Authorization

- Initial: Six months
- Renewal: 12 months

Quantity Limits

Product Name	Dosage Form	Indication	Quantity Limit
pasireotide diaspartate (Signifor)	0.3 mg/mL ampule	Cushing's disease	60 ampules/30 days
	0.6 mg/mL ampule		60 ampules/30 days
	0.9 mg/mL ampule		60 ampules/30 days
Provider Administered Agents*			
pasireotide pamoate (Signifor LAR)	20 mg vial	Acromegaly Cushing's disease	N/A
	40 mg vial		
	60 mg vial		

**Medical drug that requires administration by a healthcare professional and is not available for self-administration by the member, considered one of the excluded classes under the prescription benefit.*

Initial Evaluation

I. Pasireotide diaspartate (Signifor) may be considered medically necessary when the following criteria below are met:
   A. Member is 18 years of age or older; **AND**
   B. Medication is prescribed by, or in consultation with, an endocrinologist; **AND**
   C. A diagnosis of **Cushing's disease** when the following are met:
      1. Pituitary surgery is not an option OR cortisol levels remain abnormal following attempted resection; **AND**
      2. Treatment with ketoconazole, metyrapone, or mitotane has been ineffective, contraindicated, or not tolerated.

II. Pasireotide diaspartate (Signifor) is considered investigational when used for all other conditions, including but not limited to:
   A. Acromegaly
   B. Pancreatic fistula, postoperative; prophylaxis
   C. Carcinoid syndrome
   D. Neuroendocrine tumor

Renewal Evaluation

I. Member has received a previous prior authorization approval for this agent through this health plan; **AND**
II. Member is not continuing therapy based off being established on therapy through samples, manufacturer coupons, or otherwise. Initial policy criteria must be met for the member to qualify for renewal evaluation through this health plan; **AND**
III. Member has exhibited improvement or stability of disease symptoms (e.g. Urinary Free Cortisol (UFC) level has decreased from baseline)

Supporting Evidence

I. Cushing's disease is a disorder that leads to excess cortisol and is usually due to a corticotropin (ACTH)-producing pituitary tumor. Goals of treatment include the reversal of clinical manifestations by normalizing cortisol secretion, damaging tumor eradication, and the avoidance of permanent hormone deficiency and a resulting permanent dependence upon medications. The excess cortisol of Cushing's disease is primarily treated with transsphenoidal surgery (TSS) regardless of its cause. Although surgical treatment is optimal, medical therapy is often required when surgery is delayed, contraindicated, or unsuccessful. Adrenal enzyme inhibitors are the most commonly used medications; however, adrenolytic agents, drugs that target a pituitary or ectopic tumor, and glucocorticoid-receptor antagonists have also been used.
II. Pasireotide diaspartate (Signifor) is indicated for the treatment of adult patients with Cushing's disease for whom pituitary surgery is not an option or has not been curative.
III. Endocrine Society guidelines recommend medical therapy in cases were surgery is delayed, contraindicated, or unsuccessful. Medical therapy options within guidelines consist of steroidogenesis inhibitors (i.e. ketoconazole, metyrapone, mitotane, etomidate), pituitary-directed (i.e. cabergoline, pasireotide), and glucocorticoid antagonists (i.e. mifepristone). Guidelines do not prefer one medical therapy over another; however, guidelines do recommend glucocorticoid antagonists (i.e. mifepristone) in patients with diabetes or glucose intolerance who are not surgical candidates or who have persistent disease after TSS.

Investigational or Not Medically Necessary Uses

I. Acromegaly
    A. Pasireotide diaspartate (Signifor) does not carry an FDA approval in the setting of acromegaly; however, the pasireotide pamoate (Signifor LAR) product is available in this setting.
    B. Pancreatic fistula, postoperative; prophylaxis
        i. Limited data shows reduction in relative risk only.
    C. Carcinoid syndrome
        i. Agent fails to improve symptom control or tumor response.
    D. Neuroendocrine tumor
        i. Agent fails to improve symptom control or tumor response; use is not recognized by NCCN guidelines.

References

1. Signifor injection [Prescribing Information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; April 2019.
2. Signifor LAR injection [Prescribing Information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; April 2019.
3. UpToDate, Inc. Overview of the treatment of Cushing's syndrome. UpToDate [database online]. Waltham, MA. Last updated October 30, 2019 Available at: http://www.uptodate.com/home/index.html.
4. 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.

Policy Implementation/Update:

Date Created	July 2013
Date Effective	August 2013
Last Updated	December 2019
Last Reviewed	08/2013, 12/2019

Action and Summary of Changes	Date
Removal of UFC 24-hour urinary free cortisol level (UFC). Addition of age requirement and addition of previous trial of ketoconazole, metyrapone, or mitotane.	12/2019