Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

SIGNIFOR (pasireotide)

GPI CODING:

301700752020**

DESCRIPTION:

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.

APPROVAL DURATION:

Approval duration: 1 year

CRITERIA FOR SIGNIFOR

1. Patient has a diagnosis of (pituitary) Cushing's disease **AND**
2. Patient is 18 years of age or older **AND**
3. Patient has tried and had an inadequate response to ketoconazole OR ketoconazole was not tolerated or is contraindicated **AND**
4. Patient has had an inadequate response to surgery OR radiation therapy or there is a clinical reason pituitary surgery/radiation is not an option

Authorization for continued use shall be reviewed at least every 12 months to confirm the patient has experienced an objective response to therapy (i.e., clinically meaningful reduction in 24-hour urinary free cortisol levels and/or improvement in signs or symptoms of the disease).