

Signifor® (pasireotide) injection



When requesting Signifor® (pasireotide) injection, the individual requiring treatment must be diagnosed with the following FDA-approved indication and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

FDA-approved indication¹

- Signifor® (pasireotide) is indicated for the treatment of adult individuals with Cushing's disease for whom pituitary surgery is not an option or has not been curative.

Approved Off-label Compendial uses²

- No off-label uses meet evidence standards

Coverage Guidelines

Cushing's disease

The individual must meet **all** of the following criteria for approval:

- Diagnosis of Cushing's disease¹
- The individual is not a candidate for pituitary surgery or has had surgery that was not curative¹

For reauthorization:

- Must meet above criteria and must show a clinical meaningful reduction in 24-hour urinary free cortisol (UFC) level and/or improvement in signs and symptoms of the disease¹

Approval duration: 12 months

Additional Information for Prescribers¹

- A maximum treatment response, gauged by a clinically meaningful reduction in 24-hour urinary free cortisol (UFC) levels, occurs typically within 2 months after initiating therapy.
- Treatment with Signifor® (pasireotide) leads to suppression of adrenocorticotrophic hormone (ACTH) secretion in Cushing's disease. Suppression of ACTH may lead to decreases in circulating levels of cortisol and potentially hypocortisolism. It may be necessary to reduce or interrupt treatment with Signifor® (pasireotide) and/or add a short-term low-dose glucocorticoid.
- Suppression of other pituitary hormones may occur with Signifor® (pasireotide). Monitoring pituitary function (for example, levels of TSH/Free T₄ and/or levels of GH/IGF-11) should occur prior to the initiation of therapy and periodically during treatment as clinically appropriate.

- Signifor® (pasireotide) can cause increases in blood glucose levels which are sometimes severe. Individuals with diabetes should have their anti-diabetic therapy optimized prior to starting Signifor® (pasireotide). Fasting plasma glucose levels and an HbA1C should be evaluated in all patients prior to initiating treatment and glucose levels should be monitored weekly for the first three months after initiating therapy and for four to six months after dose increases. Monitoring should be done periodically at other times, as clinically appropriate. Anti-diabetic treatment may be used when clinically indicated.
- Use with caution in individuals at-risk for QTc prolongation or on drugs that can prolong QT. A baseline Electrocardiogram (ECG), serum potassium and magnesium levels should be completed prior to initiating therapy. Obtain an ECG to evaluate the QTc 21 days after initiating treatment (the time of maximum drug concentration). ECG testing and electrolyte monitoring is recommended periodically during treatment thereafter.
- Evaluate liver enzymes, including AST, ALT alkaline phosphatase and total bilirubin, prior to treatment, after the first 1 to 2 weeks of therapy, monthly for 3 months and every 6 months thereafter. Serial measures of ALT, aspartate aminotransferase, alkaline phosphatase, and total bilirubin, should be done weekly, or more frequently, if any test exceeds 5 times the baseline value (in case of abnormal baselines) or 5 times the upper limit of normal (ULN) (in case of normal baselines).
- Perform gallbladder ultrasounds before starting treatment and at 6-to-12 month intervals thereafter.

References

1. Signifor® prescribing information. Stein, Switzerland: Novartis Pharma Stein AG: Revised March 2015. <https://www.pharma.us.novartis.com/sites/www.pharma.us.novartis.com/files/signifor.pdf>. Accessed April 8, 2017.
2. Klasco RK (Ed): DRUGDEX® system. Thomson Micromedex, Greenwood Village, CO. Accessed February 14, 2017. <https://www.micromedexsolutions.com>.