

Signifor® LAR (pasireotide) Injectable Suspension

When requesting Signifor® LAR (pasireotide) injectable suspension, the individual requiring treatment must be diagnosed with an FDA-approved indication or an approved off-label compendial use and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

FDA-Approved Indications

- Acromegaly in individuals who have had an inadequate response to surgery and/or for whom surgery is not an option
- Cushing's disease in individuals for whom pituitary surgery is not an option or has not been curative

Approved Off-label Compendial Uses

- Cushing's Disease/Syndrome- Individuals Awaiting Surgery
- Cushing's Disease- Individuals Awaiting Therapeutic Response After Radiotherapy

Coverage Guidelines

Acromegaly

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

- Meets one of the following:
 - Had an inadequate response to surgery and/or radiotherapy; OR
 - Is not an appropriate candidate for surgery and/or radiotherapy; OR
 - Is experiencing negative effects due to tumor size (e.g., optic nerve compression);
- Has/had a pre-treatment (baseline) insulin-like growth factor-1 (IGF-1) level above the upper limit of normal based on age and gender for the reporting laboratory;
- Signifor LAR is prescribed by or in consultation with an endocrinologist.

Cushing's disease

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

- Meets one of the following:
 - Is awaiting for surgery or therapeutic response after radiotherapy; OR
 - For initial therapy, the individual is not a candidate for surgery or surgery has not been curative; OR
 - For continuation of therapy, the individual is responding to the therapy (e.g., decrease in the mean urinary free cortisol level);
- Signifor LAR is prescribed by or in consultation with an endocrinologist or a physician who specializes in the treatment of Cushing's disease/syndrome

Approval Duration: 4 months (for Cushing's disease awaiting for surgery or therapeutic response after radiotherapy)

Approval Duration: 12 months (others)

Dosing Recommendations

Acromegaly

- The recommended initial dose is 40 mg administered by intramuscular injection once every 4 weeks
- The dose may be increased to a maximum of 60mg for patients who have not normalized growth hormone and/or age and sex adjusted insulin-like growth factor-1 (IGF-1) levels after 3 months of treatment with Signifor LAR at 40mg

Cushing's disease

- The recommended initial dose is 10 mg administered by intramuscular injection once every 4 weeks
- After 4 months of treatment with the initial dose, the dose may be increased up to a maximum dose of 40 mg once every 28 days in patients who have not normalized 24-hour urinary free cortisol.

References

1. Signifor® LAR subcutaneous injection [prescribing information]. Lebanon, NJ: Recordati Rare Diseases; July 2021.
2. Sharma ST, Nieman LK, Feelders RA. Cushing's syndrome: epidemiology and developments in disease management. *Clin Epidemiol*. 2015;7:281–293.
3. Tritos NA, Biller BM. Advances in medical therapies for Cushing's syndrome. *Discov Med*. 2012;13(69):171-179.
4. Biller BMK, Grossman AB, Stewart PM, et al. Treatment of adrenocorticotropin-dependent Cushing's syndrome: A consensus statement. *J Clin Endocrinol Metab*. 2008;93:2454-2462.
5. Nieman LK, Biller BM, Findling JW. Treatment of Cushing's Syndrome: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab*. 2015;100(8):2807-2831.
6. 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(12):847-875.