

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 indication

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.

Coverage Guidelines

1. Cushing's disease

- A. Initial Therapy- Approve for 4 months of initial therapy if the patient meets the following criteria (i, ii, and iii)
 - i. Patient is ≥ 18 years of age; AND
 - ii. Signifor is prescribed by or in consultation with an endocrinologist or a physician who specializes in the treatment of Cushing's syndrome; AND
 - iii. According to the prescribing physician, the patient is not a candidate for surgery, or surgery has not been curative. Note: For patient
- B. Patient Currently Receiving Signifor/Signifor LAR- Approve for 1 year of continuation therapy if the patient has already been started on Signifor/Signifor LAR; patient has had a response, as determined by the prescribing physician; and patient is continuing therapy to maintain response.

2. Cushing's Disease/Syndrome- Patients Awaiting Surgery or a Therapeutic Response after Radiotherapy-

Approve for 4 months if the patient meets the following criteria. (A and B)

- A. Patient is ≥ 18 years of age; AND
- B. Signifor is prescribed by or in consultation with an endocrinologist or a physician who specializes in the treatment of Cushing's disease.

Recommended Dosing:

- Initial dosing is either 0.3mg-0.9mg by subcutaneous injection twice a day. In patient with hepatic impairment (Child-Pugh B) start with 0.3mg twice a day and titrate to 0.6mg twice a day.

References

1. Signifor® injection [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; April 2019.
2. Tritos NA, Biller BM. Advances in medical therapies for Cushing's syndrome. *Discov Med*. 2012; 13(69):171-179.
3. 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.

4. Arnaldi G and Boscaro M. New treatment guidelines on Cushing's disease. *F1000 Med Rep*. 2009; 1.
5. Mazziotti G, Gazzaruso C and Giustina A. Diabetes in Cushing syndrome: basic and clinical aspects. *Trends Endocrinol Metab*. 2011; 22(12):499-506.
6. Rizk A, Honegger J, Milian M and Psaras T. Treatment options in Cushing's disease. *Clin Med Insights Oncol*. 2012(6):75-84.
7. 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.

OTHER REFERENCES UTILIZED

- Feelders RA, de Bruin C, Pereira et al. Pasireotide alone or with cabergoline and ketoconazole in Cushing's disease. *N Engl J Med*. 2010; 362(19):1846-1848.
- Gadelha MR and Neto LV. Efficacy of medical treatment in Cushing's disease: a systematic review. *Clin Endocrinol (Oxf)*. 2014; 80:1-12.
- MacKenzie J, Bourdeau I, Vallette S, et al. Pasireotide monotherapy in Cushing's disease: a single-center experience with 5-year extension of phase III trial. *Pituitary*. 2014; 17(6):519-529.
- Tritto NA and Biller MK. Medical management of Cushing's disease. *J Neurooncol*. 2014; 117(3):407-414.
- Cohan P. Pasireotide and mifepristone: new options in the medical management of Cushing's disease. 2014; 20(1):84-93.
- Pivonello R, Petersenn S, Newell-Price J, et al; on behalf of the pasireotide B2305 Study Group. Pasireotide treatment significantly improves clinical signs and symptoms on patients with Cushing's disease: results from a Phase III study. *Clin Endocrinol (Oxf)*. 2014; 1(3):408-417.
- Allen PJ, Gonen M, Brennan MF, et al. Pasireotide for postoperative pancreatic fistula. *N Engl J Med*. 2014; 370(21):2015-2022.
- Simeoli C, Auriemma RS, Tortora F, et al. The treatment with pasireotide in Cushing's disease: effects of long-term treatment on tumor mass in the experience of a single center. *Endocrine*. 2016; 53(1):339-341. 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.
- Petersenn S, Salgado LR, Schopohl J, et al. Long-term treatment of Cushing's disease with pasireotide: 5-year results from an open-label extension study of a Phase III trial. *Endocrine*. 2017; 57(1):156-165.