BlueShield. Federal Employee Program.

SIGNIFOR (pasireotide)

Pre - PA Allowance

BlueCross.

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Cushing's disease

AND ALL of the following:

- 1. Pituitary surgery was not curative, or patient is not a candidate for surgery
- 2. Baseline fasting plasma glucose and/or hemoglobin A1c levels have been or will be obtained, and prescriber agrees to monitor blood glucose levels during treatment
- 3. Baseline liver function tests (LFTs) have been or will be obtained, and prescriber agrees to monitor LFTs during treatment
- 4. Gallbladder ultrasound examination has been or will be obtained prior to initiation of therapy, and prescriber agrees to perform gallbladder ultrasounds at 6 month intervals during treatment

Prior - Approval Limits

Duration 12 months

Prior – Approval Renewal Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Cushing's disease

AND ALL of the following:

- a. Prescriber agrees to monitor blood glucose levels during treatment
- b. Prescriber agrees to monitor LFTs during treatment



SIGNIFOR (pasireotide)

c. Prescriber agrees to perform gallbladder ultrasounds at 6 month intervals during treatment

Prior - Approval Renewal Limits

Same as above