

SIGNIFOR LAR (pasireotide pamoate)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnoses

Patient must have **ONE** of the following:

- 1. Acromegaly
 - Surgery was not curative or patient is not a candidate for surgery
 - b. Inadequate treatment response, intolerance, or contraindication to octreotide or lanreotide
- 2. Cushing's disease
 - a. Pituitary surgery was not curative or patient is not a candidate for surgery

Prior - Approval Limits

Duration 2 years

Prior – Approval Renewal Requirements

Age 18 years of age and older

Diagnoses

Patient must have **ONE** of the following:

- 1. Acromegaly
- 2. Cushing's disease

Prior - Approval Renewal Limits

Same as above