

# Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to:  **Commercial (Traditional)**     **Commercial (Individual/Optimized)**

**Medicaid**

This request is:  **Urgent** (life threatening)     **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

## Signifor<sup>®</sup> (pasireotide)

### Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Requesting Provider: \_\_\_\_\_ Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Product Information

New request     Continuation request

Drug product:  Signifor 0.3 mg/mL

Signifor 0.6 mg/mL

Signifor 0.9 mg/mL

**Start date** (or date of next dose): \_\_\_\_\_

**Date of last dose** (if applicable): \_\_\_\_\_

**Dosing frequency:** \_\_\_\_\_

### Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Diagnosis of Cushing's disease
2. Patient is too ill for pituitary surgery or patient had surgery that failed to completely remove the tumor
3. Documented trial with ketoconazole to reduce cortisol secretion

**Note:** Authorization for indications not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the drug's use for the identified indication.

### Priority Health Precertification Documentation

#### A. What is the patient's diagnosis?

Cushing's syndrome

No - rationale for use: \_\_\_\_\_

#### B. What is the patient's status for pituitary surgery?

Patient had pituitary surgery that failed to completely remove the tumor

Patient is too ill for surgery

Other rationale: \_\_\_\_\_

#### C. Has the patient tried ketoconazole to reduce cortisol secretion?

Yes

No - rationale for use: \_\_\_\_\_