

Priority Health Medicare Prior Authorization Criteria (Part D)

Signifor® LAR

Products affected

- Signifor LAR®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	For diagnosis of Cushings, patient must be too ill for pituitary surgery or patient must have had surgery that failed to completely remove the tumor. Patient must have a documented trial with ketoconazole to reduce cortisol secretion. For diagnosis of acromegaly, patient must try and fail Sandostatin LAR (fail means the condition did not improve or the patient did not tolerate the drug).