CareSource

PHARMACY POLICY STATEMENT
Indiana Medicaid

DRUG NAME	Sandostatin (octreotide), Sandostatin LAR (octreotide)
BILLING CODE	J2354/ J2353
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Office/Outpatient/Home
COVERAGE REQUIREMENTS	Prior Authorization Required QUANTITY LIMIT— See "dosage allowed"
LIST OF DIAGNOSES CONSIDERED **NOT** MEDICALLY NECESSARY	Click Here

Sandostatin (octreotide) and Sandostatin LAR (octreotide) are **preferred** products and will only be considered for coverage under the **medical** benefit:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

ACROMEGALY

For **initial** authorization:

1. Member is 18 years of age or older; AND
2. Medication must be prescribed by or in consultation with an endocrinologist; AND
3. Member has diagnosis of uncontrolled acromegaly confirmed by insulin-like growth factor (IGF-1) elevation above normal level (lab report required)
4. **Dosage allowed:**
   Sandostatin LAR: Start at 20mg IM every 4 weeks for 3 months, then adjust according to GH and IGF-1 per package insert, no more than 40mg every 4 weeks.

If member meets all the requirements listed above, the medication will be approved for 6 months.

For **reauthorization**:

1. Member must be in compliance with all initial criteria.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

NOTE to Reviewer: A short-acting product may be used concurrently with a long-acting product.

CARCINOID SYNDROME

For **initial** authorization:

1. Member is 18 years of age or older; AND
2. Medication must be prescribed by or in consultation with an oncologist or gastroenterologist; AND
3. Member has a neuroendocrine tumor, including carcinoid tumor or vasoactive intestinal peptide tumor (VIPoma); AND
4. Member is experiencing flushing and/or diarrhea symptoms associated with carcinoid syndrome (or VIPoma syndrome), not attributed to another cause.
5. **Dosage allowed:**
   Sandostatin LAR: 10mg to 30mg IM every 4 weeks.

If member meets all the requirements listed above, the medication will be approved for 6 months.

For **reauthorization**:
2. Member must be in compliance with all initial criteria.

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

NOTE to Reviewer: A short-acting product may be used concurrently with a long-acting product.

GASTROENTEROPANCREATIC NEUROENDOCRINE TUMORS (GEP-NETs)

Any request for **cancer** must be submitted through NantHealth/Eviti portal.

CareSource considers Sandostatin (octreotide) Sandostatin LAR (octreotide), Somatuline depot (lanreotide), Bynfezia (octreotide) not medically necessary for the treatment of diseases that are not listed in this document.

DATE	ACTION/DESCRIPTION
11/18/2021	New policy for sandostatin and sandostatin LAR (previously in combined injectable somatostatin analog policy).

References:

1. Somatuline Depot (lanreotide acetate) [package insert]. Cambridge, MA: Ipsen Biopharmaceuticals, Inc; 2019.
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3. Melmed S, Bronstein MD, Chanson P, et al. A Consensus Statement on acromegaly therapeutic outcomes. *Nature Reviews Endocrinology*. 2018;14(9):552-561. doi:10.1038/s41574-018-0058-5
4. Zahr R, Fleseriu M. Updates in Diagnosis and Treatment of Acromegaly. *Eur Endocrinol*. 2018;14(2):57-61. doi:10.17925/EE.2018.14.2.57
5. Fleseriu M, Biller BMK, Freda PU, et al. A Pituitary Society update to acromegaly management guidelines. *Pituitary*. October 2020. doi:10.1007/s11102-020-01091-7
6. Vinik AI, Wolin EM, Liyanage N, Gomez-Panzani E, Fisher GA; ELECT Study Group *. EVALUATION OF LANREOTIDE DEPOT/AUTOGEL EFFICACY AND SAFETY AS A CARCINOID SYNDROME TREATMENT (ELECT): A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED TRIAL. Endocr Pract. 2016 Sep;22(9):1068-80. doi: 10.4158/EP151172.OR. Epub 2016 May 23.
7. Pavel M, Öberg K, Falconi M, Krenning EP, Sundin A, Perren A, Berruti A; ESMO Guidelines Committee. Electronic address: clinicalguidelines@esmo.org. Gastroenteropancreatic neuroendocrine neoplasms: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol. 2020 Jul;31(7):844-860. doi: 10.1016/j.annonc.2020.03.304. Epub 2020 Apr 6.
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9. Cook R, Hendifar AE. Evidence-Based Policy in Practice: Management of Carcinoid Syndrome Diarrhea. P T. 2019;44(7):424-427.
10. National Comprehensive Cancer Network. Neuroendocrine and Adrenal Tumors. (Version 2.2020). https://www.nccn.org/professionals/physician_gls/pdf/neuroendocrine.pdf. Accessed November 3, 2020.
11. Pandit S, Annamaraju P, Bhusal K. Carcinoid Syndrome. [Updated 2020 Jun 25]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK448096/

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