CareSource Rxinnovations

PHARMACY POLICY STATEMENT
Indiana Medicaid

DRUG NAME	**Somatostatin analogs (Injectable; First generation):** Sandostatin (octreotide), Sandostatin LAR (octreotide), Somatuline Depot (lanreotide), Bynfezia Pen (octreotide)
BILLING CODE	J2354/ J2353/ J1930/ NDC
BENEFIT TYPE	Medical, except Bynfezia is a pharmacy benefit
SITE OF SERVICE ALLOWED	Home/Office/Outpatient
STATUS	Prior Authorization Required

Acromegaly is typically the result of a GH-secreting pituitary adenoma, thus surgical resection is the preferred treatment whenever possible as the best chance for a cure. If disease persists after surgery, a first-generation long-acting somatostatin receptor ligand is recommended as first-line therapy[3]. The goal of treatment is to reduce growth hormone (GH) and insulin growth factor-1 (IGF-1) levels to normal, with IGF-1 as the best reflection of disease control. GH production is suppressed by somatostatin signaling. Octreotide and lanreotide are analogs of natural somatostatin. IGF-1 and other peripheral signals also regulate GH production.

Carcinoid syndrome refers to a collection of symptoms that primarily occurs with well-differentiated neuroendocrine tumors (NETs) originating midgut with metastases to the liver. Flushing and diarrhea are the most common manifestations. NETs release a variety of biologically active products, with most clinical features of carcinoid syndrome due to serotonin. Most NETs have somatostatin receptors. Somatostatin analogs are typically the first line approach to treatment by inhibiting release of these substances to alleviate symptoms. They also have antiproliferative effects.

Somatostatin analogs (Injectable; First generation) will be considered for coverage when the following criteria are met:

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); AND
4. Member had an inadequate response to surgery or radiation, or member is ineligible for these treatments (documentation required); AND
5. If IGF-1 elevation is 1.5x upper limit of normal or less, member must have a trial of, or contraindication or intolerance to cabergoline.[3]
6. For Somatuline Depot only: Must have a trial and failure of Sandostatin LAR.
7. For Bynfezia only:
   a) Baseline thyroid function testing is required; AND
   b) Trial and failure of short acting octreotide (generic Sandostatin).
8. **Dosage allowed/Quantity limit:**

Octreotide: Initial 50mcg subQ/IV 3 times daily, titrate as indicated, usual maintenance dose 100mcg 3 times daily, max 500mcg 3 times daily. NOTE: Doses in excess of 300mcg per day seldom confer additional benefit.
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. (1 kit per 28 days, or 2 per 28 for the 20mg)
Somatuline depot: Start at 90mg subQ every 4 weeks for 3 months, then adjust according to GH and IGF-1 per package insert, no more than 120mg every 4 weeks. (1 syringe per 28 days)
Bynfezia Pen: Initial 50mcg subQ 3 times daily, titrate as indicated, usual maintenance dose 100mcg 3 times daily, max 500mcg 3 times daily. NOTE: Doses in excess of 300mcg per day seldom confer additional benefit.

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:
1. Chart notes/lab report must show normalized or improved (decreased) IGF-1

If all the above requirements are met, the medication will be approved for an additional 12 months.

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. For Somatuline Depot only: Must have a trial and failure of Sandostatin LAR.
6. For Bynfezia only:
   a) Baseline thyroid function testing is required; AND
   b) Trial and failure of short acting octreotide (generic Sandostatin).
7. **Dosage allowed/Quantity limit:**
   Octreotide: 100mcg-750mcg per day subQ/IV in divided doses.
   Sandostatin LAR: 10mg to 30mg IM every 4 weeks. (1 kit per 28 days)
   Somatuline depot: 120mg subQ every 4 weeks. (1 syringe per 28 days)
   Bynfezia: 100-750mcg per day subQ in divided doses.

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:
1. For short-acting products (octreotide, Bynfezia): Chart notes must document symptomatic improvement of flushing and/or diarrhea episodes.
2. For long-acting products (Sandostatin LAR, Somatuline Depot): Chart notes must document reduced frequency of short-acting somatostatin analog rescue therapy for symptom control.

If all the above requirements are met, 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 Somatostatin analogs (Injectable; First generation) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
11/03/2020	New policy for injectable somatostatin analogs created.
04/01/2022	Transferred to new template. Updated references. Added quantity limits to the long-acting products. Acromegaly: Removed note about combination use.

References:

1. Somatuline Depot (lanreotide acetate) [package insert]. Cambridge, MA: Ipsen Biopharmaceuticals, Inc; 2019.
2. Katznelson L, Laws ER, Melmed S, et al. Acromegaly: An Endocrine Society Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism*. 2014;99(11):3933-3951. doi:10.1210/jc.2014-2700
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, et al. Gastroenteropancreatic neuroendocrine neoplasms: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. *Ann Oncol*. 2020;31(7):844-860. doi:10.1016/j.annonc.2020.03.304.
8. Strosberg JR, Halfdanarson TR, Bellizzi AM, et al. The North American Neuroendocrine Tumor Society Consensus Guidelines for Surveillance and Medical Management of Midgut Neuroendocrine Tumors. *Pancreas*. 2017;46(6):707-714. doi:10.1097/MPA.0000000000000850.
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 4.2021). https://www.nccn.org/professionals/physician_gls/pdf/neuroendocrine.pdf. Accessed April 1, 2022.
11. Pandit S, Annamaraju P, Bhusal K. Carcinoid Syndrome. [Updated 2022 Feb 17]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK448096/
12. Sandostatin [prescribing information]. Novartis Pharmaceuticals Corporation; 2021.
13. Sandostatin LAR Depot [prescribing information]. Novartis Pharmaceuticals Corporation; 2021.
14. Bynfezia Pen [prescribing information]. Sun Pharmaceutical Industries, Inc.; 2020.
15. Fleseriu M, Biller BMK, Freda PU, et al. A Pituitary Society update to acromegaly management guidelines. *Pituitary*. 2021;24(1):1-13. doi:10.1007/s11102-020-01091-7
16. Hofland J, Herrera-Martínez AD, Zandee WT, de Herder WW. Management of carcinoid syndrome: a systematic review and meta-analysis. *Endocr Relat Cancer*. 2019;26(3):R145-R156. doi:10.1530/ERC-18-0495

Effective date: 10/01/2022
Revised date: 04/01/2022