Clinical Policy Title:	octreotide acetate
Policy Number:	RxA.278
Drug(s) Applied:	Sandostatin® Injection, Sandostatin® LAR Depot
Original Policy Date:	02/07/2020
Last Review Date:	06/10/2021
Line of Business Policy Applies to:	All lines of business

Background

Octreotide acetate (Sandostatin® Injection, Sandostatin® LAR Depot) is a somatostatin analogue.
Sandostatin® injection (SC/IV) is indicated:

- Acromegaly
  - To reduce blood levels of growth hormone (GH) and insulin-like growth factor (IGF-I (somatomedin C) in acromegaly patients who have had inadequate response or cannot be treated with surgical resection, pituitary irradiation, and bromocriptine mesylate at maximally tolerated doses;
- Carcinoid tumors*
  - For the symptomatic treatment of patients with metastatic carcinoid tumors where it suppresses or inhibits the severe diarrhea and flushing episodes associated with the disease;
- Vasoactive intestinal peptide tumors* (VIPomas)
  - For the treatment of the profuse watery diarrhea associated with vasoactive intestinal peptide (VIP)-secreting tumors.

Sandostatin® LAR Depot (IM) is indicated for treatment in patients who have responded to and tolerated Sandostatin® Injection subcutaneous injection for:

- Acromegaly
- Carcinoid tumors*
  - Severe diarrhea/flushing episodes associated with metastatic carcinoid tumors
- Vasoactive intestinal peptide tumors* (VIPomas)
  - Profuse watery diarrhea associated with VIP-secreting tumors

**Neuroendocrine tumors*

Limitation(s) of use:
In patients with carcinoid syndrome and VIPomas, the effect of Sandostatin® Injection and Sandostatin® LAR Depot on tumor size, rate of growth and development of metastases, has not been determined.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
octreotide acetate (Sandostatin® Injection) (SC or IV)	Acromegaly	Up to 1500 mcg in 2 or more divided doses	1500 mcg/day
Drug Name	**Indication**	**Dosing Regimen**	**Maximum Dose**
	Carcinoid tumors	Up to 1500 mcg in 2 or more divided doses	1500 mcg/day
	VIPomas	Up to 750 mcg in 2 or more divided doses	750 mcg/day
octreotide acetate (Sandostatin® LAR Depot) (IM)	Acromegaly	20-40 mg every 4 weeks	40 mg/4 weeks
	Carcinoid tumors	20-30 mg every 4 weeks	30 mg/4 weeks
	VIPomas	20-30 mg every 4 weeks	30 mg/4 weeks

Dosage Forms

- Octreotide acetate (Sandostatin® Injection): Single-use ampule: 50 mcg/mL, 100 mcg/mL, 500 mcg/mL
- Octreotide acetate (Sandostatin® Injection): Multi-dose vial: 200 mcg/mL, 1000 mcg/mL
- Octreotide acetate (Sandostatin® LAR Depot): Single-use kit (vial): 10 mg, 20 mg, 30 mg

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the provisions of the pharmacy benefit administer by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. **Initial Approval Criteria**
   A. **Acromegaly** (must meet all):
      1. Diagnosis of acromegaly;
      2. Age is 18 years or older. or ifyounger, epiphyseal growth plates have closed;
      3. Inadequate response to surgical resection or pituitary irradiation (i.e., unable to achieve normalization of GH and/or IGF-I levels or unable to adequately control tumor mass), or member is not a candidate for such treatment;
      4. Request is for either of the following formulations *(both products may be used together)* (a or b):
         a. Sandostatin® Injection: Dose does not exceed 1,500 mcg per day in divided doses;
         b. Sandostatin® LAR Depot (i and ii):
            i. Dose does not exceed 40 mg every 4 weeks.
            ii. Member has received Sandostatin® Injection for at least two weeks with improvement in GH or IGF-I levels, or tumor mass control.

Approval duration
Commercial: 6 months

Medicaid: 6 months

B. **Carcinoid Tumor - Neuroendocrine Tumor of the Gastrointestinal Tract, Lung and Thymus** (must meet all):
   1. Diagnosis of a carcinoid tumor *(most commonly arising in the lungs and bronchi, small intestine, appendix, rectum, or thymus)* and one of the following (a or b):
      a. Request is for carcinoid syndrome (i.e., presence of diarrhea or flushing symptoms indicative of hormonal hypersecretion);
      b. Request is for advanced disease, with or without carcinoid syndrome;
   2. Prescribed by or in consultation with an oncologist;
   3. Age ≥ 18 years;
   4. Request is for any of the following *(both products may be used together)* (a, b, or c):
      a. Sandostatin® Injection: Dose does not exceed 1500 mcg per day in divided doses;
      b. Sandostatin® LAR Depot (i and ii):
         i. Dose does not to exceed 30 mg every 4 weeks;
         ii. If request is for symptom management only, member has received Sandostatin® Injection for at least two weeks with improvement in diarrhea or flushing episodes;
      c. Dose for Sandostatin® Injection or Sandostatin® LAR Depot is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence).*

   Approval duration
   Commercial: 6 months
   Medicaid: 6 months

C. **Vasoactive Intestinal Peptide Tumor and other Pancreatic Neuroendocrine Tumors** (must meet all):
   1. Diagnosis of a pancreatic neuroendocrine tumor including but not limited to VIPoma, gastrinoma, insulinoma or glucagonoma, and one of the following (a, b, c, or d):
      a. Request is for management of symptoms indicative of hormonal hypersecretion (e.g., diarrhea);
      b. Request is for treatment of a gastrinoma with or without symptoms;
      c. For other pancreatic neuroendocrine tumors, request is for advanced disease, with or without symptoms;
      d. If request is for an insulinoma, tumor is somatostatin receptor positive on imaging;
   2. Prescribed by or in consultation with an oncologist;
   3. Age ≥ 18 years;
   4. Request is for any of the following *(both products may be used together)* (a, b, or c):
      a. Sandostatin® injection:
         i. Dose does not exceed 750 mcg per day in divided doses;
      b. Sandostatin® LAR Depot (i and ii):
         i. Dose does not exceed 30 mg every 4 weeks;
         ii. If request is for symptom management only, member has received Sandostatin® Injection for at least two weeks with improvement in symptoms prior to request for Sandostatin® LAR Depot.
      c. Dose for Sandostatin® Injection or Sandostatin® LAR Depot is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence).*

   Approval duration
   Commercial: 6 months

Medicaid: 6 months

D. **Meningioma (off-label)** (must meet all):
1. Diagnosis of meningioma *(cancer of the central nervous system);*
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Disease is not amenable to surgery or radiation;
5. Octreotide scan is positive;
6. Dose for Sandostatin® Injection and/or Sandostatin® LAR Depot is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence)*.

Approval duration
Commercial: 6 months
Medicaid: 6 months

E. **Thymoma and Thymic Carcinoma (off-label)** (must meet all):
1. Diagnosis of thymoma or thymic carcinoma;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Second-line therapy (first-line therapies include CAP [cisplatin, doxorubicin, cyclophosphamide], ADOC [cisplatin, doxorubicin, vincristine, cyclophosphamide], PE [cisplatin, etoposide], VIP [etoposide, ifosfamide, cisplatin], carboplatin/paclitaxel;
5. Dose for Sandostatin® Injection and/or Sandostatin® LAR Depot is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence)*.

Approval duration
Commercial: 6 months
Medicaid: 6 months

F. **Pheochromocytoma/Paraganglioma (off-label)** (must meet all):
1. Diagnosis of Pheochromocytoma or Paraganglioma;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Dose for Sandostatin® Injection and/or Sandostatin® LAR Depot is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence)*.

Approval duration
Commercial: 6 months
Medicaid: 6 months

II. **Continued Therapy Approval**

A. **Acromegaly** (must meet all)**:**
1. Member is currently receiving the medication that has been authorized by RxAdvance or the member has met initial approval criteria listed in this policy;
2. Member is responding positively to therapy (e.g., improvement in GH or IGF-1 serum concentrations, or in tumor mass control, since initiation of therapy);
3. If request is for a dose increase, request is for either of the following *(both products may be used together)* (a or b):

a. Sandostatin® Injection: New dose does not exceed 1,500 mcg per day in divided doses;
b. Sandostatin® LAR Depot: New dose does not exceed 40 mg every 4 weeks.

Approval duration
Commercial: 6 months
Medicaid: 6 months

B. **Carcinoid Tumor - Neuroendocrine Tumor of the Gastrointestinal Tract, Lung and Thymus** (must meet all)**:**
1. Member is currently receiving the medication that has been authorized by RxAdvance or member has previously met initial approval criteria, or documentation supports that member is currently receiving Sandostatin® or Sandostatin LAR® for carcinoid tumor and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. If request is for a dose increase, request is for any of the following *(both products may be used together)* (a, b, or c):
   a. Sandostatin® Injection: New dose does not exceed 1500 mcg per day in divided doses;
   b. Sandostatin® LAR Depot: New dose does not to exceed 30 mg every 4 weeks.
   c. New dose for Sandostatin® Injection or Sandostatin® LAR Depot is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence).*

Approval duration
Commercial: 6 months
Medicaid: 6 months

C. **Vasoactive Intestinal Peptide Tumor and other Pancreatic Neuroendocrine Tumors** (must meet all)**:**
1. Member is currently receiving the medication that has been authorized by RxAdvance or member has previously met initial approval criteria , or documentation supports that member is currently receiving Sandostatin® and/or Sandostatin® LAR for a VIPoma and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. If request is for a dose increase, request is for any of the following *(both products may be used together)* (a, b, or c):
   a. Sandostatin® injection: New dose does not exceed 750 mcg/day in divided doses;
   b. Sandostatin® LAR Depot: New dose does not exceed 30 mg every 4 weeks;
   c. New dose for Sandostatin® Injection or Sandostatin® LAR Depot is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence).*

Approval duration
Commercial: 6 months
Medicaid: 6 months

D. **Meningioma (off-label)** (must meet all):
1. Member is currently receiving the medication that has been authorized by RxAdvance or member has previously met initial approval criteria or the member has met initial approval criteria listed in this policy;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose for Sandostatin® Injection and/or Sandostatin® LAR

Depot is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence)*.

Approval duration
Commercial: 6 months
Medicaid: 6 months

E. **Thymoma and Thymic Carcinoma (off-label)** (must meet all):
1. Member is currently receiving the medication that has been authorized by RxAdvance or member has previously met initial approval criteria ;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose for Sandostatin® Injection and/or Sandostatin® LAR Depot is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence)*.

Approval duration
Commercial: 6 months
Medicaid: 6 months

F. **Pheochromocytoma/Paraganglioma (off-label)** (must meet all):
1. Member is currently receiving the medication that has been authorized by RxAdvance or member has previously met initial approval criteria;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose for Sandostatin® Injection and/or Sandostatin® LAR Depot is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence)*.

Approval duration
Commercial: 6 months
Medicaid: 6 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
GH: Growth Hormone
IGF-1: Insulin Growth Factor 1 (somatomedin C)
VIPoma: Vasoactive Intestinal Peptide Tumor

APPENDIX B: Therapeutic Alternatives

- Not applicable

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Sandostatin® LAR Depot:
    - None
  - Sandostatin® Injection:
    - Sensitivity to this drug or any of its components.

- Boxed warning(s):
  - Sandostatin® LAR Depot:
    - None
  - Sandostatin® Injection:
    - Sensitivity to this drug or any of its components.

APPENDIX D: General Information

- Acromegaly: GH excess occurring in growing children/adolescents before epiphyseal growth plate closure (known as pituitary gigantism) is not included in the present policy given unique etiologic and management considerations.

References

1. Sandostatin® Prescribing Information. East Hanover, NJ: Novartis Pharmaceuticals Corporation; June 2020. Available at http://www.pharma.us.novartis.com/product/pi/pdf/sandostatin_inj.pdf. Accessed April 09, 2021.
2. Sandostatin® LAR Depot prescribing information. East Hanover, NJ: Novartis Pharmaceuticals Corporation; April 2019. Available at http://www.pharma.us.novartis.com/product/pi/pdf/sandostatin_lar.pdf. Accessed April 09, 2021.
3. Melmed S, Colao A, Barkan A, et al. Guidelines for acromegaly management: an update. J Clin Endocrinol Metab. May 2009; 94(5): 1509-1517.
4. Octreotide acetate and octreotide acetate (LAR). National Comprehensive Cancer Network Compendium. Available at nccn.org. Accessed April 09, 2021.
5. Octreotide acetate (LAR). In: National Comprehensive Cancer Network Compendium. Available at nccn.org. Accessed April 09, 2021.
6. Neuroendodrine and adrenal tumors (Version 2.2020). National Comprehensive Cancer Network Guidelines. Available at nccn.org. Accessed April 09, 2021.
7. Central nervous system cancers (Version 2.2020). National Comprehensive Cancer Network Guidelines. Available at nccn.org. Accessed April 09, 2021.
8. Thymomas and thymic carcinomas (Version 1.2020). National Comprehensive Cancer Network Guidelines. Available at nccn.org. Accessed April 09, 2021.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	01/2020	02/07/2020
Policy was reviewed: 1. Clinical Policy Title was updated. 2. Drug(s) applied was updated. 3. Line of Business Policy Applies to was updated to “All lines of business”. 4. Initial and Continued approval duration was updated to specify Medicaid, Commercial & HIM approval duration. 5. Continued therapy criteria II.A.1, II.B.1, II.C.1, II.D.1 & II.E.1 was rephrased to “Currently receiving medication that has been authorized by RxAdvance…”.	08/28/2020	09/14/2020

6. Initial and continuation criteria was updated to include Pheochromocytoma/Paraganglioma. 7. References were updated.		
Policy was reviewed: 1. Clinical Policy Title was updated. 2. Background was updated. 3. Continued therapy criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance.." 4. References were reviewed and updated.	04/09/2021	06/10/2021