SPECIALTY GUIDELINE MANAGEMENT

OCTREOTIDE ACETATE INJECTION
SANDOSTATIN INJECTION (octreotide)
SANDOSTATIN LAR DEPOT INJECTION (octreotide)

POLICY
A. INDICATIONS
The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications
Octreotide acetate/Sandostatin
Acromegaly
Sandostatin is indicated to reduce blood levels of growth hormone and IGF-1 (somatomedin C) in acromegaly patients who have had inadequate response to or cannot be treated with surgical resection, pituitary irradiation, and bromocriptine mesylate at maximally tolerated doses.

Carcinoid Tumors
Sandostatin is indicated 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)
Sandostatin is indicated for the treatment of the profuse watery diarrhea associated with VIP-secreting tumors.

Sandostatin LAR
Sandostatin LAR depot is indicated in patients in whom initial treatment with Sandostatin injection has been shown to be effective and tolerated.

Acromegaly
Sandostatin LAR depot is indicated for long-term maintenance therapy in acromegalic patients who have had an inadequate response to surgery and/or radiotherapy, or for whom surgery and/or radiotherapy is not an option.

Carcinoid Tumors
Sandostatin LAR depot is indicated for long-term treatment of the severe diarrhea and flushing episodes associated with metastatic carcinoid tumors

Vasoactive Intestinal Peptide Tumors (VIPomas)
Sandostatin LAR depot is indicated for long-term treatment of the profuse watery diarrhea associated with VIP-secreting tumors.

Compendial Uses
- Neuroendocrine tumors (NETs):
  - Adrenal gland tumors
  - Tumors of the gastrointestinal tract (carcinoid tumors)
  - Tumor of the thymus (carcinoid tumors)
  - Tumors of the lung (carcinoid tumors)
  - Tumors of pancreas
  - Poorly differentiated (high-grade)/large or small cell tumors (excluding lung)
- Meningiomas
- Thymomas and Thymic carcinomas
- Congenital hyperinsulinism (CHI)/persistent hyperinsulinemic hypoglycemia of infancy (PHHI) (octreotide and Sandostatin only)
All other indications are considered experimental/investigational and are not a covered benefit.

**B. REQUIRED DOCUMENTATION**
The following information is necessary to initiate the prior authorization review:

1. **Acromegaly:**
   - Insulin-like growth factor 1 (IGF-1) level

**C. INITIAL CRITERIA FOR APPROVAL**

1. **Acromegaly**
   
   Authorization of 12 months may be granted to members prescribed octreotide, Sandostatin, or Sandostatin LAR for the treatment of acromegaly when ALL of the following criteria are met:
   
   a. Member has clinical evidence of acromegaly (see Appendix A)
   b. Member has a high pre-treatment IGF-1 level for age and/or gender (see Appendix B)
   c. Member had an inadequate or partial response to surgery or radiotherapy OR there is a clinical reason why the member has not had surgery (see Appendix C) or radiotherapy

2. **Neuroendocrine Tumors (NETs)**

2.1. **Tumors of Gastrointestinal (GI) Tract (carcinoid tumor)**
   
   Authorization of 12 months may be granted to members prescribed octreotide, Sandostatin, or Sandostatin LAR for the treatment of NETs of the GI tract when ANY of the following criteria are met:
   
   a. Member has distant metastases
   b. Member has unresectable disease
   c. The primary site of the tumor is gastric, tumor is ≤ 2 centimeters, AND member has hypersecretion of gastrin (eg, Zollinger-Ellison syndrome)

2.2. **Tumors of the Thymus (carcinoid tumor)**
   
   Authorization of 12 months may be granted to members prescribed octreotide, Sandostatin, or Sandostatin LAR for the treatment of NETs of the thymus when EITHER of the following criteria is met:
   
   a. Member has distant metastases
   b. Member has unresectable disease

2.3. **Tumors of the Lung (carcinoid tumor)**
   
   Authorization of 12 months may be granted to members prescribed octreotide, Sandostatin, or Sandostatin LAR for the treatment of NETs of the lung when EITHER criterion (a) OR criteria (b), (c), AND (d) are met:
   
   a. Member has distant metastases
   b. The NET is low-grade (typical carcinoid) or intermediate-grade (atypical carcinoid)
   c. The disease is Stage IIIB that is T4 due to multiple lung nodules OR Stage IV
   d. Somatostatin receptor status is positive OR member experiences symptoms of carcinoid syndrome (eg, skin flushing, diarrhea)

2.4. **Tumors of Pancreas**
   
   Authorization of 12 months may be granted to members prescribed octreotide, Sandostatin, or Sandostatin LAR for the treatment of NETs of the pancreas when EITHER criteria section (a) OR criteria section (b) is met:
   
   a. Member meets ALL of the following criteria:
      i. The tumor type is one of the following:
         1. Insulinoma
         2. Non-functioning pancreatic tumor
         3. Somatostatinoma
         4. Pancreatic polypeptidoma (PPoma)
         5. Cholecystokininoma (CCKoma)
         6. ACTH-secreting pancreatic NET
7. Parathyroid hormone-related protein (PTHrp)-secreting pancreatic NET
   ii. Member has distant metastases or unresectable disease
   iii. Somatostatin receptor status is positive or member experiences hormone-related symptoms (eg, hypoglycemia)

b. Member meets ALL of the following criteria:
   i. The tumor type is one of the following:
      1. Gastrinoma
      2. Glucagonoma
      3. VIPoma
   ii. Somatostatin receptor status is positive or member experiences hormone-related symptoms (eg, peptic ulcers, diarrhea, flushing)

2.5. Tumors of Adrenal Gland
   Authorization of 12 months may be granted to members prescribed octreotide, Sandostatin, or Sandostatin LAR for the treatment of NETs of the adrenal gland when ALL of the following criteria are met:
   a. Member has a diagnosis of non-adrenocorticotropic hormone (non-ACTH) dependent Cushing’s syndrome
   b. The cortisol production is symmetric
   c. Tumors are less than 4 centimeters
   d. Somatostatin receptor status is positive

2.6. Poorly Differentiated (High-grade)/Large or Small Cell Tumors (excluding lung)
   Authorization of 12 months may be granted to members prescribed octreotide, Sandostatin, or Sandostatin LAR for the treatment of poorly differentiated (high-grade)/large or small cell NETs when ALL of the following criteria are met:
   a. Member has metastatic or unresectable disease
   b. Somatostatin receptor status is positive
   c. Member experiences hormone-related symptoms

3. Meningiomas
   Authorization of 12 months may be granted to members prescribed octreotide, Sandostatin, or Sandostatin LAR for the treatment of meningioma when ALL of the following criteria are met:
   a. Disease is recurrent or progressive
   b. Disease is unresectable
   c. Disease is refractory to radiation therapy
   d. Somatostatin receptor status is positive

4. Thymomas and Thymic Carcinomas
   Authorization of 12 months may be granted to members prescribed octreotide, Sandostatin, or Sandostatin LAR for the treatment of thymomas and thymic carcinomas when ALL of the following criteria are met:
   a. Disease is locally advanced, advanced, or recurrent
   b. Member has unresectable disease or residual disease following resection
   c. Member has progressed on at least one prior chemotherapy regimen
   d. Somatostatin receptor status is positive OR member experiences symptoms of carcinoid syndrome (eg, skin flushing, diarrhea)

5. Congenital Hyperinsulinism (CHI)/Persistent Hyperinsulinemic Hypoglycemia of Infancy (octreotide and Sandostatin only)
   Authorization of 6 months may be granted to members prescribed octreotide or Sandostatin who are infants.

D. CONTINUATION OF THERAPY
1. Acromegaly
   Authorization of 12 months may be granted to members who are prescribed octreotide, Sandostatin, or Sandostatin LAR for continuation of therapy for acromegaly when ALL of the following criteria are met:
   a. Member has clinical evidence of acromegaly (see Appendix A)
   b. Member’s IGF-1 level has decreased or normalized since initiation of therapy
2. All Other Indications
   Members (including new members) requesting authorization for continuation of therapy must meet ALL initial authorization criteria.

E. DOSAGE AND ADMINISTRATION
   Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

1. Dosing limits:
<table>
<thead>
<tr>
<th>Octreotide/Sandostatin:</th>
<th>Sandostatin LAR:</th>
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<tbody>
<tr>
<td>Acromegaly: 1500mcg per day</td>
<td>Acromegaly: 40mg per 28 days</td>
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<tr>
<td>NETs of the GI tract, thymus, and lung (carcinoid tumors): 1500mcg per day</td>
<td>NETs of the GI tract, thymus, and lung (carcinoid tumors): 30mg per 28 days</td>
</tr>
<tr>
<td>VIPomas: 750mcg per day</td>
<td>VIPomas: 30mg per 28 days</td>
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F. APPENDICES

Appendix A: Clinical Evidence of Acromegaly (not all-inclusive)
   - Frontal bossing
   - Coarse facial features
   - Thick lips
   - Protruding jaw with widely spaced teeth
   - Large hands and feet

Appendix B: Normal IGF-1 Levels for Age and Gender
   The normal range varies based on the laboratory performing the analysis. One must obtain lab-specific values to make this determination.

Appendix C: Clinical Reasons for Not Having Surgery
   - The member has medically unstable conditions (poor surgical candidate)
   - The member is at high risk for complications of anesthesia because of airway difficulties
   - The member has major systemic manifestations of acromegaly including cardiomyopathy, severe hypertension and uncontrolled diabetes
   - The member refuses surgery or prefers the medical option over surgery
   - There is a lack of an available skilled surgeon

REFERENCES


