

Clinical Policy: Octreotide Acetate (Sandostatin Injection, Sandostatin LAR Depot)

Reference Number: CP.PHAR.40

Effective Date: 03/10

Last Review Date: 03/17

[Coding Implications](#)[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

The intent of the criteria is to ensure that patients follow selection elements established by Centene[®] clinical policy for the following octreotide acetate formulations: 1) Sandostatin[®] Injection and its generic, “octreotide acetate injection” and 2) Sandostatin[®] LAR Depot.

Policy/Criteria

It is the policy of health plans affiliated with Centene Corporation[®] that Sandostatin Injection, its generic (octreotide acetate injection), and Sandostatin LAR Depot are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria**A. Acromegaly** (must meet all):

1. Age \geq 18 years or, if younger, epiphyseal growth plates have closed;
2. Diagnosis of acromegaly with inadequate response to (i.e., unable to achieve normalization of growth hormone (GH) or insulin growth factor 1 (IGF-I) levels or unable to adequately control tumor mass), or when treatment is not appropriate with either of the following:
 - a. Surgical resection;
 - b. Pituitary irradiation;
3. Request is for one of the following formulations:
 - a. Octreotide acetate injection (subcutaneous or intravenous use):
 - i. Upward dose titration does not exceed 1,500 mcg/day in divided doses;
 - b. Sandostatin LAR Depot [intramuscular (IM) use]:
 - i. Member has been adherent to octreotide acetate injection for at least two weeks with a reduction in GH or IGF-I levels or an increased control of tumor mass immediately prior to the request for Sandostatin LAR Depot;
 - ii. The starting dose of Sandostatin LAR Depot does not exceed 20 mg IM at 4-week intervals for 3 months (after 3 months dosage may be adjusted based on GH/IGF-1 levels and symptoms not to exceed 40 mg every 4 weeks).

Approval duration: 3 months

B. Carcinoid tumors (neuroendocrine tumors of the gastrointestinal tract, lung, and thymus) (must meet all):

1. Age \geq 18 years;
2. Diagnosis of severe diarrhea and flushing episodes associated with metastatic carcinoid tumors;

3. Request is for one or both of the following formulations (Octreotide acetate injection may be used alone or with Sandostatin LAR Depot for exacerbation of symptoms):
 - a. Octreotide acetate injection (subcutaneous or intravenous use):
 - i. Upward dose titration does not exceed 1500 mcg/day in divided doses;
 - b. Sandostatin LAR Depot (IM use):
 - i. Member has been adherent to octreotide acetate injection for two weeks with reduction in number or severity of diarrhea or flushing episodes immediately prior to the request for Sandostatin LAR Depot;
 - ii. The starting dose of Sandostatin LAR Depot does not exceed 20 mg IM at 4-week intervals for 2 months with continued administration of octreotide acetate injection for up to 4 weeks (after 2 months, dosage of Sandostatin LAR Depot is adjusted based on symptoms not to exceed 30 mg every 4 weeks).

Approval duration: 3 months

- C. Vasoactive intestinal peptide tumors** (neuroendocrine tumors – pancreatic or extrapancreatic - that secrete vasoactive intestinal polypeptide) (must meet all):
1. Age \geq 18 years;
 2. Diagnosis of profuse watery diarrhea associated with vasoactive intestinal peptide secreting tumor;
 3. Request is for one or both of the following formulations (Octreotide acetate injection may be used alone or with Sandostatin LAR Depot for exacerbation of symptoms):
 - a. Octreotide acetate injection (subcutaneous or intravenous use):
 - i. Upward dose titration does not exceed 750 mcg/day in divided doses;
 - b. Sandostatin LAR Depot (IM use):
 - i. Member has been adherent to octreotide acetate injection for two weeks with a reduction in diarrhea immediately prior to the request for Sandostatin LAR Depot;
 - ii. The starting dose of Sandostatin LAR Depot does not exceed 20 mg IM at 4-week intervals for 2 months with continued administration of octreotide acetate solution for up to 4 weeks (after 2 months, dosage of Sandostatin LAR Depot is adjusted based on symptoms not to exceed 30 mg every 4 weeks).

Approval duration: 3 months

- D. Other diagnoses/indications:** Refer to CP.PHAR.57 - Global Biopharm Policy
1. The following NCCN recommended uses, meeting NCCN categories 1, 2a, or 2b, are approved per the CP.PHAR.57 Global Biopharm Policy:
 - a. Meningioma (central nervous system cancer);
 - b. The following neuroendocrine tumors with therapeutic goals not covered under sections B and C above:
 - i. Adrenal gland tumor;
 - ii. Gastrinoma;
 - iii. Tumor of the GI tract, lung, thymus;

- c. Thymoma and thymic carcinoma.

II. Continued Approval

A. Acromegaly (must meet all):

1. Currently receiving medication via Centene benefit or member has previously met all initial approval criteria;
2. If has taken octreotide for ≥ 12 months, improvement in biochemical control (i.e., any decrease in random GH or age- and sex-adjusted IGF-1 serum concentrations since baseline*) or in tumor mass control.

**Any improvement short of full biochemical control may result in beneficial clinical outcomes; combination therapy may be necessary to achieve additional biochemical control.*

Approval duration: 12 months

B. Carcinoid tumors (neuroendocrine tumors of the gastrointestinal tract, lung, and thymus) (must meet all):

1. Currently receiving medication via Centene benefit or member has previously met all initial approval criteria;
2. Member continues to respond positively to therapy in terms of improved control of diarrhea or flushing episodes.

Approval duration: 12 months

C. Vasoactive intestinal peptide tumors (neuroendocrine tumors – pancreatic or extrapancreatic - that secrete vasoactive intestinal polypeptide) (must meet all):

1. Currently receiving medication via Centene benefit or member has previously met all initial approval criteria;
2. Member continues to respond positively to therapy in terms of improved control of diarrhea.

Approval duration: 12 months

D. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via Centene benefit and documentation supports positive response to therapy; or
2. Refer to CP.PHAR.57 - Global Biopharm Policy.

Background

Description/Mechanism of Action:

Octreotide is the acetate salt of a long-acting cyclic octapeptide with pharmacologic properties mimicking those of the natural hormone somatostatin. It is a more potent inhibitor of growth hormone, glucagon, and insulin than somatostatin. Like somatostatin, it also suppresses LH response to GnRH, decreases splanchnic blood flow, and inhibits release of serotonin, gastrin, vasoactive intestinal peptide, secretin, motilin, and pancreatic polypeptide.

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.

Formulations:

Intramuscular injection:

Sandostatin LAR Depot: 10 mg, 20 mg, 30 mg

Subcutaneous (deep/intrafat) or intravenous injection:

Sandostatin injection: 50 mcg/mL, 100 mcg/mL, 200 mcg/mL, 500 mcg/mL, 1000 mcg/mL

Octreotide acetate injection: 50 mcg/mL, 100 mcg/mL, 200 mcg/mL, 500 mcg/mL, 1000 mcg/mL

FDA Approved Indications:

Sandostatin injection (subcutaneous or intravenous use) and Sandostatin LAR Depot (intramuscular use) are somatostatin analogues with the following indications:

- Acromegaly
 - To reduce blood levels of growth hormone and IGF-I (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. The goal is to achieve normalization of growth hormone and IGF-I (somatomedin C) levels.
- Carcinoid Tumors
 - For 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 treatment of the profuse watery diarrhea associated with VIP-secreting tumors.

Limitations 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.

Appendices

Appendix A: Abbreviation Key

GH: growth hormone

IM: intramuscular

GnRH: gonadotropin- releasing hormone

LH: luteinizing hormone

IGF-1: insulin growth factor 1 (somatomedin C)

VIPomas: vasoactive intestinal peptide tumors

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg
J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg

Reviews, Revisions, and Approvals	Date	Approval Date
Adopting Caremark SGM criteria for Sandostatin.	04/11	05/11
Updated algorithm so that member who is currently on therapy but new to plan will go through initial approval algorithm.	04/12	04/12
All brand name references to Sandostatin removed	04/13	
References reviewed and updated	04/13	05/13
Converted criteria to Centene policy template	05/13	
Added limitations of use to Description Removed prospective question regarding stopping therapy to Figure 1	05/14	06/14
Updated background to include Carcinoid tumors and VIPoma and safety warnings. Updated Appendix E and references.	02/15	05/15
For all three indications: Age added per PI; documentation requests removed; dosing parameters added per PI; initial approval period increased to 3 months. Acromegaly: Bromocriptine requirement removed; cabergoline; monitoring parameters edited to include IGF-1, GH and tumor mass; removed requirement that member have clinical evidence of acromegaly per App B. Carcinoid tumors: Clarified that carcinoid tumors are now known as neuroendocrine tumors of the GI tract, lung, and thymus; removed requirement that member be experiencing carcinoid syndrome as outlined in App D; removed question about whether member is a candidate for surgery as surgery can be used with octreotide to cure or control. VIPomas: Removed the requirement that patients try other medications for diarrhea; as with carcinoid tumors, questions about surgery are removed.	03/16	05/16
The following criteria in section A “acromegaly” is removed: “If member has received pituitary irradiation Sandostatin LAR Depot will be withdrawn yearly for approximately 8 weeks to assess disease activity (<i>if GH or IGF-1 levels increase and signs and symptoms recur Sandostatin LAR Depot therapy may be resumed</i>).” Hypersensitivity removed as a contraindication. Acromegaly continuation criteria edited to allow 12 months of therapy before evidence of efficacy; renewal approval durations throughout policy are lengthened to 12 months. NCCN compendial uses are added for carcinoids and VIPomas in section D.	03/17	03/17

References

1. Sandostatin prescribing information. East Hanover, NJ: Novartis Pharmaceuticals Corporation; March 2012. Available at http://www.pharma.us.novartis.com/product/pi/pdf/sandostatin_inj.pdf. Accessed March 16, 2017.
2. Sandostatin LAR Depot prescribing information. East Hanover, NJ: Novartis Pharmaceuticals Corporation; July 2016. Available at http://www.pharma.us.novartis.com/product/pi/pdf/sandostatin_lar.pdf. Accessed March 16, 2017.
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. Neuroendocrine tumors (Version 1.2017). In: National Comprehensive Cancer Network Guidelines. Available at nccn.org. Accessed March 20, 2017.
5. Goldfinger SE. VIPoma: clinical manifestations, diagnosis, and management. In: UpToDate, Waltham, MA: Wolters Kluwer Health; 2017. Available at uptodate.com. Accessed March 30, 2016.
6. Octreotide acetate. In: National Comprehensive Cancer Network Compendium. Available at nccn.org. Accessed March 20, 2017.
7. Octreotide acetate (LAR). In: National Comprehensive Cancer Network Compendium. Available at nccn.org. Accessed March 20, 2017.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a

discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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