octreotide acetate (Sandostatin)

EOCCO POLICY

Policy Type: PA/SP Pharmacy Coverage Policy: EOCCO142

Description

Octreotide acetate (Sandostatin) works through suppressing LH response to GnRH, decreasing splanchnic blood flow, and inhibiting the release of serotonin, gastrin, vasoactive intestinal peptide, secretin, motilin, and pancreatic polypeptide.

Length of Authorization

- Initial: Six months
- Renewal: 12 months

Quantity Limits

Product Name	Dosage Form	Indication	Quantity Limit
octreotide acetate (generic, Sandostatin)	50 mcg/mL ampule	Acromegaly; Metastatic carcinoid tumor; Vasoactive intestinal peptide tumor (VIPoma)	90 ampules/30 days
	100 mcg/mL ampule		
	500 mcg/mL ampule		
Provider Administered Agents*			
octreotide acetate (Sandostatin LAR)	10 mg vial	Acromegaly; Metastatic carcinoid tumor; Vasoactive intestinal peptide tumor (VIPoma)	N/A
	20 mg vial		
	30 mg vial		

**Medical drug that requires administration by a healthcare professional and is not available for self-administration by the member, considered one of the excluded classes under the prescription benefit.*

Initial Evaluation

I. **Octreotide acetate (Sandostatin) and generic octreotide acetate** may be considered medically necessary when the following criteria below are met:
   A. Member is 18 years of age or older; **AND**
   B. If requesting brand octreotide acetate (Sandostatin): Treatment with generic octreotide has been ineffective, not tolerated, or is contraindicated; **AND**
   C. A diagnosis of one of the following:
      1. **Acromegaly; AND**
         i. Member has had inadequate response to, or cannot be treated with: surgical resection, pituitary irradiation, and bromocriptine mesylate at a maximally tolerated dose; **OR**
      2. **Metastatic carcinoid tumor; AND**
         i. Use is intended for the symptomatic management of severe diarrhea and/or flushing episodes; **OR**
      3. **Vasoactive intestinal peptide tumors (VIPomas)** [pancreatic neuroendocrine (islet cell) tumor, insulinoma, glucagonoma, somatostatinoma, and gastrinoma]; **AND**

i. Use is intended for the symptomatic management of profuse watery diarrhea

II. Octreotide (Sandostatin, Sandostatin LAR) is considered investigational when used for all other conditions.

Renewal Evaluation

I. Disease response with improvement in patient's symptoms including reduction in symptomatic episodes (such as diarrhea, rapid gastric dumping, flushing), and/or stabilization of glucose levels, and/or decrease in size of tumor or tumor spread; **OR**

II. For **acromegaly** ONLY:
   A. Disease response as indicated by an improvement in signs and symptoms compared to baseline; **AND**
      1. Age-adjusted normalization of serum IGF-1; **OR**
      2. Reduction of growth hormone (GH) by random testing to < 1.0 mcg/L

References

1. Sandostatin [package insert]. East Hanover, NJ; Novartis Pharmaceuticals Corporation; April 2019.
2. Melmed, S. Treatment of acromegaly. In; UpToDate. Martin, KA (Ed), UpToDate, Waltham, MA, 2019

Policy Implementation/Update:

Date Created	October 2016
Date Effective	October 2016
Last Updated	October 2016
Last Reviewed	10/2017; 12/2019

Action and Summary of Changes	**Date**
Transitioned to policy format and updated the following: • Added age requirement of 18 years or older • For octreotide (Sandostatin), added requirement for inadequate response to generic octreotide, unless not tolerated or contraindicated • Removed octreotide (Sandostatin LAR) from the policy as it is excluded from coverage under the pharmacy benefit	12/2019
Criteria created	10/2016