Geisinger

POLICIES AND PROCEDURE MANUAL

Policy: MBP 99.0

Section: Medical Benefit Pharmaceutical Policy

Subject: Sandostatin LAR (Octreotide acetate)

Applicable line of business:

Commercial	X	Medicaid	X
Medicare	X	ACA	X
CHIP	X		

I. Policy:
Sandostatin LAR (Octreotide acetate)

II. Purpose/Objective:
To provide a policy of coverage regarding Sandostatin LAR (Octreotide acetate)

III. Responsibility:
A. Medical Directors
B. Medical Management
C. Pharmacy Department

IV. Required Definitions
1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards good medical treatment practiced by the general medical community;
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient

Medicaid Business Segment
Medically Necessary — A service, item, procedure, or level of care compensable under the Medical Assistance program that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

i. Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
ii. Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
iii. Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

DESCRIPTION:
Sandostatin LAR (Octreotide acetate) is the acetate salt of a cyclic octapeptide with pharmacologic properties mimicking those of the natural hormone somatostatin. Sandostatin® LAR Depot is a long-acting dosage form consisting of microspheres of the biodegradable glucose star polymer, D,L-lactic and glycolic acids copolymer, containing octreotide.

CRITERIA FOR USE: Requires Prior Authorization by Medical Director or Designee

Sandostatin LAR (Octreotide acetate) will be considered medically necessary for all lines of business when all of the following criteria are met:

1. Medical documentation of a diagnosis of acromegaly **AND**
   - The individual had an insufficient response to surgery and/or radiotherapy **OR**
   - The individual is not a candidate for surgery and/or radiotherapy **AND**
   - Medical record documentation of initial treatment with octreotide solution that has been shown to be effective and tolerated for at least 2 weeks OR medical record documentation octreotide solution will be initiated for a period of no less than 2 weeks to establish tolerance and effectiveness of octreotide before starting octreotide acetate (LAR).

2. Medical documentation of a diagnosis of vasoactive intestinal peptide (VIP) secreting tumor **AND**
   - Treatment of profuse watery diarrhea is required **AND**
   - Medical record documentation of initial treatment with octreotide solution that has been shown to be effective and tolerated for at least 2 weeks OR medical record documentation octreotide solution will be initiated for a period of no less than 2 weeks to establish tolerance and effectiveness of octreotide before starting octreotide acetate (LAR) **AND**
   - Medical record documentation that continued use of octreotide solution will be utilized concomitantly at least 2 weeks after starting octreotide suspension (LAR).

3. Medical documentation of a diagnosis of metastatic carcinoid tumor **AND**
   - Symptomatic treatment of severe diarrhea and/or flushing episodes is required **AND**
   - Medical record documentation of initial treatment with octreotide solution that has been shown to be effective and tolerated for at least 2 weeks OR medical record documentation octreotide solution will be initiated for a period of no less than 2 weeks to establish tolerance and effectiveness of octreotide before starting octreotide acetate (LAR) **AND**
   - Medical record documentation that continued use of octreotide solution will be utilized concomitantly at least 2 weeks after starting octreotide suspension (LAR).

Note: Sandostatin LAR is considered a medical benefit. Sandostatin LAR Depot should be administered by a trained health care provider. It is important to closely follow the mixing instructions included in the packaging. Sandostatin LAR Depot must be administered immediately after mixing.

AUTHORIZATION DURATION: Initial approval will be for 12 months or less if the reviewing provider feels it is medically appropriate. Subsequent approvals will be for an additional 12 months or less if the reviewing provider feels it is medically appropriate and will require medical record documentation of continued disease improvement or lack of disease progression. The medication will no longer be covered if patient experiences toxicity or worsening of disease.

Note: For Medicaid (GHP Family), any requests for services that do not meet criteria set in the PARP will be evaluated on a case-by-case basis.

LINE OF BUSINESS:
Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy.

REFERENCES:

1. Sandostatin LAR Depot [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; March 2021.

This policy will be revised as necessary and reviewed no less than annually**.**

Devised: 1/1/2013

Revised: 08/2014, 3/24/15 (auth duration), 12/19/22 (LOB carve out, Medicaid PARP statement), 12/6/23 (Medicaid business segment, references), 11/29/24 (LOB table, taglines)

Reviewed: 12/13, 08/14, 3/16, 3/30/17, 3/29/18, 2/28/19, 1/1/20, 1/1/21, 12/21/21

MA UM Committee approval: 12/31/23, 12/31/24

DHS PARP approval: 1/14/25