Sandostatin® LAR (octreotide suspension)

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I. Length of Authorization

Coverage is provided for six months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [Pharmacy Benefit]:

- 10 mg kit: 1 per 28 days
- 20 mg kit: 2 per 28 days
- 30 mg kit: 1 per 28 days

B. Max Units (per dose and over time) [Medical Benefit]:

- 40 units every 28 days

III. Initial Approval Criteria

Coverage is provided in the following conditions:

- Patient is at least 18 years old; **AND**
- Patient will be initiating or are currently receiving octreotide acetate subcutaneously for at least 2 weeks with no adverse effects prior to starting therapy with the LAR formulation; **AND**

Carcinoid tumors/Neuroendocrine tumors (e.g. GI tract, Lung, Thymus, Pancreas, Adrenal) †

- Patient has severe diarrhea/flushing episodes (carcinoid syndrome) †; **OR**
- Used to treat symptoms related to hormone hypersecretion in pancreatic tumors (e.g., gastrinoma, glucagonoma, VIPoma); **OR**
- Primary treatment of unresected primary gastrinoma; **OR**
- Used for locoregional unresectable bronchopulmonary or thymic disease as primary therapy for low grade (typical) histology or as subsequent therapy if progression on first-line therapy; **AND**

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    - Used for management of hormone symptoms and/or somatostatin receptor positive disease determined by imaging (i.e., 68Ga-dotatate imaging PET/CT or PET/MRI or somatostatin receptor scintigraphy [octreotide scan]); **OR**
- Patient has distant metastatic bronchopulmonary or thymic disease and used as primary therapy or as subsequent therapy if progression on first-line therapy; **AND**
    - Used for somatostatin receptor positive disease and/or symptomatic hormonal disease if clinically significant tumor burden and low grade (typical) histology OR evidence of progression OR intermediate grade (atypical histology); **OR**
    - Used for somatostatin receptor positive disease and/or hormonal symptoms if asymptomatic with low tumor burden and low grade (typical histology); **OR**
    - Used for somatostatin receptor positive disease and/or chronic cough/dyspnea with multiple lung nodules or tumorlets and evidence of diffuse idiopathic pulmonary neuroendocrine cell hyperplasia (DIPNECH); **OR**
- Used for the management of locoregional advanced or metastatic disease of the gastrointestinal tract; **OR**
- Used for tumor control of locally advanced and/or metastatic tumors of the pancreas (for insulinoma ONLY, patient must have somatostatin-receptor positive disease); **OR**
- Used for unresectable or metastatic pheochromocytoma or paraganglioma if somatostatin receptor-positive and symptomatic

Diarrhea associated with Vasoactive intestinal peptide tumors (VIPomas) [pancreatic neuroendocrine (islet cell) tumor, insulinoma, glucagonoma, somatostatinoma, and gastrinoma] †

- Patient has profuse watery diarrhea

Acromegaly †

- Patient diagnosis confirmed by elevated (age-adjusted) or equivocal serum IGF-1 as well as inadequate suppression of GH after a glucose load; **AND**
- Patient has documented inadequate response to surgery and/or radiotherapy or it is not an option for the patient; **AND**
- Patient's tumor has been visualized on imaging studies (i.e., MRI or CT-scan); **AND**
- Baseline growth hormone (GH) and IGF-I blood levels (renewal will require reporting of current levels)

Meningiomas (CNS Cancers) ‡

- Patient's disease is unresectable; **AND**
- Patient's disease is recurrent or progressive meningioma; **AND**
- Radiation treatment is not possible for the patient's disease; **AND**
- Patient's disease is octreotide scan positive

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Thymic Carcinomas/Thymomas ‡

- Must be used as second-line therapy with or without prednisone for unresectable or metastatic disease

† FDA Approved Indication(s); ‡ Compendia recommended indication(s)

IV. Renewal Criteria

- Patient continues to meet criteria identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: biliary tract abnormalities, hypothyroidism, goiter, sinus bradycardia, cardiac arrhythmias, cardiac conduction abnormalities, pancreatitis, etc.; **AND**
  - Disease response with improvement in patient's symptoms including reduction in symptomatic episodes (such as diarrhea, rapid gastric dumping, flushing, bleeding, etc.) and/or stabilization of glucose levels and/or decrease in size of tumor or tumor spread; **OR**
  - **Acromegaly ONLY:** Disease response as indicated by an improvement in signs and symptoms compared to baseline; **AND**
    - Reduction of growth hormone (GH) by random testing to < 1.0 mcg/L; OR
    - Age-adjusted normalization of serum IGF-1
  - **Neuroendocrine tumors (gastrointestinal tract, bronchopulmonary, thymus, or pancreas ONLY):** Patient has had disease progression and therapy will be continued in patients with functional tumors.

V. Dosage/Administration

Indication	Dose
Acromegaly	20 mg intramuscularly every 4 weeks *(after 3 months of therapy, doses may be titrated up if required with a maximum dose of 40 mg every 4 weeks)*
Carcinoid Tumors and VIPomas	20 mg intramuscularly every 4 weeks *(after 2 months of therapy, doses may be titrated up if required with a maximum dose of 40 mg every 4 weeks)*
All Other Indications	Up to 40 mg intramuscularly every 28 days
**Renal impairment (patients on dialysis) and hepatic impairment (patients with cirrhosis): starting dose of 10mg every 4 week*	

VI. Billing Code/Availability Information

Jcode:

J2353- Injection, octreotide, depot form for intramuscular injection, 1 mg: 1 mg = 1 billable unit

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NDC:

- 10 mg single-use kit: 00078-0811-XX
- 20 mg single-use kit: 00078-0818-XX
- 30 mg single-use kit: 00078-0825-XX

VII. References

1. Sandostatin LAR [package insert]. East Hanover, NJ; Novartis Pharmaceuticals Corporation; December 2018. Accessed March 2019.
2. Giustina A, Chanson P, Kleinberg D, et al. Expert consensus document: A consensus on the medical treatment of acromegaly. Nat Rev Endocrinol. 2014 Apr; 10(4):243-8. doi: 10.1038/nrendo.2014.21. Epub 2014 Feb 25.
3. Katznelson L, Laws ER Jr, Melmed S, et al. Acromegaly: an endocrine society clinical practice guideline. J Clin Endocrinol Metab. 2014 Nov; 99(11):3933-51. doi: 10.1210/jc.2014-2700. Epub 2014 Oct 30.
4. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for Octreotide. National Comprehensive Cancer Network, 2019. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2019.
5. Palmetto GBA. Local Coverage Determination (LCD): Octreotide Acetate for Injectable Suspension (Sandostatin LAR depot) (L33438). Centers for Medicare & Medicaid Services, Inc. Updated on 10/11/2018 with effective date 10/01/2018. Accessed March 2019.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C25.4	Malignant neoplasm of endocrine pancreas
C37	Malignant neoplasm of thymus
C70.0	Malignant neoplasm of cerebral meninges
C70.1	Malignant neoplasm of spinal meninges
C70.9	Malignant neoplasm of meninges, unspecified
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland
C74.91	Malignant neoplasm of unspecified part of right adrenal gland
C74.92	Malignant neoplasm of unspecified part of left adrenal gland
C75.5	Malignant neoplasm of aortic body and other paraganglia
C7A.00	Malignant carcinoid tumor of unspecified site
C7A.010	Malignant carcinoid tumor of the duodenum

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ICD-10	ICD-10 Description
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.020	Malignant carcinoid tumor of the appendix
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.090	Malignant carcinoid tumor of the bronchus and lung
C7A.091	Malignant carcinoid tumor of the thymus
C7A.092	Malignant carcinoid tumor of the stomach
C7A.093	Malignant carcinoid tumor of the kidney
C7A.094	Malignant carcinoid tumor of the foregut, unspecified
C7A.095	Malignant carcinoid tumor of the midgut, unspecified
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified
C7A.098	Malignant carcinoid tumors of other sites
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C7A.8	Other malignant neuroendocrine tumors
C7B.00	Secondary carcinoid tumors, unspecified site
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.03	Secondary carcinoid tumors of bone
C7B.04	Secondary carcinoid tumors of peritoneum
C7B.09	Secondary carcinoid tumors of other sites
C7B.8	Other secondary neuroendocrine tumors
D15.0	Benign neoplasm of thymus
D32.0	Benign neoplasm of cerebral meninges
D32.1	Benign neoplasm of spinal meninges
D32.9	Benign neoplasm of meninges, unspecified
D3A.00	Benign carcinoid tumor of unspecified site
D3A.010	Benign carcinoid tumor of the duodenum
D3A.011	Benign carcinoid tumor of the jejunum
D3A.012	Benign carcinoid tumor of the ileum
D3A.019	Benign carcinoid tumor of the small intestine, unspecified portion
D3A.020	Benign carcinoid tumor of the appendix
D3A.021	Benign carcinoid tumor of the cecum

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ICD-10	ICD-10 Description
D3A.022	Benign carcinoid tumor of the ascending colon
D3A.023	Benign carcinoid tumor of the transverse colon
D3A.024	Benign carcinoid tumor of the descending colon
D3A.025	Benign carcinoid tumor of the sigmoid tumor
D3A.026	Benign carcinoid tumor of the rectum
D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion
D3A.090	Benign carcinoid tumor of the bronchus and lung
D3A.091	Benign carcinoid tumor of the thymus
D3A.092	Benign carcinoid tumor of the stomach
D3A.094	Benign carcinoid tumor of the foregut, unspecified
D3A.095	Benign carcinoid tumor of the midgut, unspecified
D3A.096	Benign carcinoid tumor of the hindgut, unspecified
D3A.098	Benign carcinoid tumors of other sites
D42.0	Neoplasm of uncertain behavior of cerebral meninges
D42.1	Neoplasm of uncertain behavior of spinal meninges
D42.9	Neoplasm of uncertain behavior of meninges, unspecified
E16.1	Other hypoglycemia
E16.3	Increased secretion of glucagon
E16.4	Increased secretion of gastrin
E16.8	Other specified disorders of pancreatic internal secretion
E22.0	Acromegaly and pituitary gigantism
E34.0	Carcinoid syndrome
Z85.020	Personal history of malignant carcinoid tumor of stomach
Z85.030	Personal history of malignant carcinoid tumor of large intestine
Z85.040	Personal history of malignant carcinoid tumor of rectum
Z85.060	Personal history of malignant carcinoid tumor of small intestine
Z85.07	Personal history of malignant neoplasm of pancreas
Z85.110	Personal history of malignant carcinoid tumor of bronchus and lung
Z85.230	Personal history of malignant carcinoid tumor of thymus
Z85.841	Personal history of malignant neoplasm of brain
Z85.848	Personal history of malignant neoplasm of other parts of nervous system
Z85.858	Personal history of malignant neoplasm of other endocrine glands

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Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): J, M	**NCD/LCD Document (s):** L33438
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=L33438&bc=gAAAAAAAAAAAAA==	

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC

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