



MED RX POLICY

POLICY: Somatostatin Analogs – Long-Acting Products Med Rx Policy

- Lanreotide subcutaneous injection – Cipla
- Sandostatin[®] LAR Depot (octreotide acetate intramuscular injection – Novartis)
- Somatuline[®] Depot (lanreotide subcutaneous injection – Ipsen)

REVIEW DATE: 09/21/2022

OVERVIEW

Lanreotide subcutaneous injection, Sandostatin LAR Depot, and Somatuline Depot are long-acting somatostatin analogs indicated for **acromegaly** and several conditions related to **neuroendocrine and adrenal tumors**.¹⁻³

The National Comprehensive Cancer Network (NCCN) guidelines for neuroendocrine and adrenal tumors (version 1.2022 – May 23, 2022) recommend Sandostatin LAR Depot and Somatuline Depot for the management of carcinoid syndrome, tumors of the gastrointestinal tract, lung, thymus (carcinoid tumors), and pancreas (including glucagonomas, gastrinomas, VIPomas, insulinomas), pheochromocytomas and paragangliomas.³ Additionally, Sandostatin LAR Depot is recommended by NCCN for the treatment of meningiomas, thymomas, and thymic carcinomas.^{4,5}

POLICY STATEMENT

This Med Rx program has been developed to encourage the use of Preferred Products. For all products (Preferred and Non-Preferred), the patient is required to meet the respective *Somatostatin Analogs Utilization Management Medical Policy* criteria. This program also directs the patient to try one Preferred Product prior to the approval of a Non-Preferred Product. Requests for the Non-Preferred Product will also be reviewed using the exception criteria (below). Approval durations are as noted in the corresponding *Somatostatin Analogs Utilization Management Medical Policy*. Of note, Signifor[®] LAR (pasireotide intramuscular injection) is a long-acting somatostatin analog indicated for acromegaly and Cushing's disease but is not targeted in this policy.

Automation: None.

Preferred Products: Somatuline Depot
Non-Preferred Products: Lanreotide subcutaneous injection, Sandostatin LAR Depot

RECOMMENDED EXCEPTION CRITERIA

Non-Preferred Products	Exception Criteria
Lanreotide subcutaneous injection	<ol style="list-style-type: none"> <u>Acromegaly.</u> Patient meets both of the following criteria (A <u>and</u> B): <ol style="list-style-type: none"> Patient meets the standard <i>Somatostatin Analogs – Lanreotide Products Utilization Management Medical Policy</i> criteria; AND Patient meets both of the following (i <u>and</u> ii): <ol style="list-style-type: none"> Patient has tried Somatuline Depot; AND Patient cannot continue to use the Preferred medication due to a formulation difference in the inactive ingredient(s) [e.g., differences in stabilizing agent, buffering agent, and/or surfactant] which, according to the prescriber, would result in a significant allergy or serious adverse reaction. <u>Neuroendocrine Tumor(s) [NETs] of the Gastrointestinal Tract, Lung, Thymus (Carcinoid Tumors), and Pancreas (including glucagonomas, gastrinomas, vasoactive intestinal peptides-secreting tumors [VIPomas], insulinomas).</u> Patient meets both of the following criteria (A <u>and</u> B): <ol style="list-style-type: none"> Patient meets the standard <i>Somatostatin Analogs – Lanreotide Products Utilization Management Medical Policy</i> criteria; AND Patient meets both of the following (i <u>and</u> ii): <ol style="list-style-type: none"> Patient has tried Somatuline Depot; AND Patient cannot continue to use the Preferred medication due to a formulation difference in the inactive ingredient(s) [e.g., differences in stabilizing agent, buffering agent, and/or surfactant] which, according to the prescriber, would result in a significant allergy or serious adverse reaction.
Sandostatin LAR Depot	<ol style="list-style-type: none"> <u>Acromegaly.</u> Patient meets both of the following criteria (A <u>and</u> B): <ol style="list-style-type: none"> Patient meets the standard <i>Somatostatin Analogs – Sandostatin LAR Depot Utilization Management Medical Policy</i> criteria; AND Patient has tried Somatuline Depot. <u>Neuroendocrine Tumor(s) [NETs] of the Gastrointestinal Tract, Lung, Thymus (Carcinoid Tumors), and Pancreas (including glucagonomas, gastrinomas, vasoactive intestinal peptides-secreting tumors [VIPomas], insulinomas).</u> Patient meets both of the following criteria (A <u>and</u> B): <ol style="list-style-type: none"> Patient meets the standard <i>Somatostatin Analogs – Sandostatin LAR Depot Utilization Management Medical Policy</i> criteria; AND Patient meets one of the following (i <u>or</u> ii): <ol style="list-style-type: none"> Patient has tried Somatuline Depot; OR Patient has been started on therapy with Sandostatin LAR Depot. <u>Pheochromocytoma and Paraganglioma.</u> Patient meets both of the following criteria (A <u>and</u> B): <ol style="list-style-type: none"> Patient meets the standard <i>Somatostatin Analogs – Sandostatin LAR Depot Utilization Management Medical Policy</i> criteria; AND Patient meets one of the following (i <u>or</u> ii): <ol style="list-style-type: none"> Patient has tried Somatuline Depot; OR Patient has been started on therapy with Sandostatin LAR Depot. <u>Other Conditions.</u> Patient meets the standard <i>Somatostatin Analogs – Sandostatin LAR Depot Utilization Management Medical Policy</i> criteria.

REFERENCES

1. Somatuline® Depot subcutaneous injection [prescribing information]. Basking Ridge, NJ: Ipsen; April 2022.
2. Sandostatin® LAR Depot intramuscular injection [prescribing information]. East Hanover, NJ: Novartis; March 2021.
3. Lanreotide subcutaneous injection [prescribing information]. Warren, NJ: Cipla; December 2021.
4. The NCCN Neuroendocrine and Adrenal Tumors Clinical Practice Guidelines in Oncology (version 1.2022 – May 23, 2022). © 2022 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed September 16, 2022.
5. The NCCN Central Nervous System Cancers Clinical Practice Guidelines in Oncology (version 1.2022 – June 2, 2022). © 2022 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed September 16, 2022.
6. The NCCN Thymomas and Thymic Carcinomas Clinical Practice Guidelines in Oncology (version 2.2022 – May 3, 2022). © 2022 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed September 16, 2022.

HISTORY

Type of Revision	Summary of Changes	Review Date
New policy	--	09/15/2021
Selected Revision	Lanreotide subcutaneous injection was added to the policy as a Non-Preferred Product. Additionally, indications for Acromegaly and Neuroendocrine Tumor(s) [NETs] of the Gastrointestinal Tract, Lung, Thymus (Carcinoid Tumors), and Pancreas (including glucagonomas, gastrinomas, vasoactive intestinal peptides-secreting tumors [VIPomas], insulinomas) and associated exception criteria were added for lanreotide subcutaneous injection.	03/09/2022
Selected Revision	Neuroendocrine Tumor(s) [NETs] of the Gastrointestinal Tract, Lung, Thymus (Carcinoid Tumors), and Pancreas (including glucagonomas, gastrinomas, vasoactive intestinal peptides-secreting tumors [VIPomas], insulinomas): The exception for continuation of treatment with Lanreotide subcutaneous injection was removed.	03/23/2022
Annual Revision	No criteria changes.	09/21/2022