

Last review date: 6/20/2024

<b>Applicable Products:</b>
Lanreotide Acetate Sandostatin LAR Depot (octreotide acetate) Somatuline (lanreotide acetate)

Initial Approval Criteria:

Coverage may be approved if all of the following are met:

- Disease-specific criteria; **AND**
- If applicable: Trial and failure, intolerance, or a contraindication to the preferred products as listed in the medical drug list

Acromegaly (lanreotide acetate, Sandostatin LAR Depot, Somatuline)

- Patient had an inadequate response to surgery and/or radiotherapy (or surgery and/or radiotherapy is not an option)

Carcinoid Tumors (Sandostatin LAR Depot)

- Patient has severe diarrhea and flushing episodes associated with metastatic carcinoid tumors

Carcinoid Syndrome (Somatuline)

- Patient is 18 years of age or older; **AND**
- Agent will be used to reduce the need for the use of short-acting somatostatin treatment

Gastroenteropancreatic Neuroendocrine Tumors (lanreotide acetate, Somatuline)

- Patient is 18 years of age or older; **AND**
- Patient has unresectable, well or moderately differentiated, locally advanced or metastatic gastroenteropancreatic neuroendocrine tumors (GEP-NETs)

Vasoactive Intestinal Peptide Tumors (VIPomas) (Sandostatin LAR Depot)

- Patient has profuse watery diarrhea associated with VIP-secreting tumors

Renewal Criteria:

Coverage may be renewed if all of the following are met:

- Patient continues to meet Initial Approval Criteria; **AND**
- Absence of unacceptable toxicity

Length of Authorization:

12 months

*This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.*

*Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.*