Utilization Review Policy 324

POLICY: Somatostatin Analogs – Sandostatin LAR Depot Utilization Management Medical Policy
- Sandostatin® LAR Depot (octreotide acetate intramuscular injection – Novartis)

EFFECTIVE DATE: 1/1/2024
LAST REVISION DATE: 09/16/2024

COVERAGE CRITERIA FOR: All UCare Plans

OVERVIEW
Sandostatin LAR Depot, a somatostatin analog, is indicated for the following uses:[1]

- **Acromegaly**, in patients who have had an inadequate response to surgery and/or radiotherapy, or for whom surgery and/or radiotherapy, is not an option. The goal of treatment in acromegaly is to reduce growth hormone and insulin-like growth factor-1 levels to normal.
- **Carcinoid tumors**, in patients with severe diarrhea and flushing episodes associated with metastatic carcinoid tumors.
- **Vasoactive intestinal peptide tumors (VIPomas)**, in patients with profuse watery diarrhea associated with vasoactive intestinal peptide (VIP)-secreting tumors.

Guidelines
National Comprehensive Cancer Network (NCCN) guidelines support use of Sandostatin LAR Depot in multiple conditions.

- **Central Nervous System Cancers:** Guidelines (version 1.2023 – March 24, 2023) recommend Sandostatin LAR Depot for the treatment of meningiomas that recur despite surgery and/or radiation therapy, or are not amenable to treatment with surgery or radiation therapy.[2]
- **Neuroendocrine and Adrenal Tumors:** Guidelines (version 1.2023 – August 2, 2023) recommend Sandostatin LAR 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] Patients who have local unresectable disease and/or distant metastases and clinically significant tumor burden or progression should be started on therapy with a somatostatin analog to potentially control tumor growth. The North American Neuroendocrine Tumor Society (NANETS) consensus guidelines for the surveillance and medical management of midgut NETs (2017) also recommend Sandostatin LAR Depot as a first-line initial therapy in most patients with metastatic midgut NETs for control of carcinoid syndrome and inhibition of tumor growth.[4]
- **Thymomas and Thymic Carcinomas:** Guidelines (version 1.2024 – November 21, 2023) recommend Sandostatin LAR Depot as a therapy option with or without concomitant prednisone therapy.[5] In patients with thymoma who have positive octreotide scan or symptoms of carcinoid syndrome, octreotide therapy may be useful.

Supportive Evidence

- **Enterocutaneous Fistulas:** In case series, octreotide has been effective in patients with enterocutaneous fistulas.[6] Octreotide when used with an acid inhibitor agent (omeprazole) reduced the output of enterocutaneous fistulas. The European Journal of Medical Research reported in a trial where 84 of 154 patients were divided into the somatostatin group.[7] This trial showed that postoperative use of somatostatin served as a protective factor for developing into high-output recurrent fistulas. The average time for fistula closure without surgical intervention ranges from 12 to 66 days.[11]
- **Pancreatic Fistulas:** In case studies and retrospective reviews, octreotide demonstrated reduction of output and fistula closure.[8-10] The use of octreotide also showed a reduced risk of postoperative pancreatic fistulae and hospital stay.[10] On average, pancreatic fistulas closed between 18 to 35 days.[9]

POLICY STATEMENT

Prior Authorization is recommended for medical coverage of Sandostatin LAR Depot. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Sandostatin LAR Depot as well as the monitoring required for adverse events and long-term efficacy, approval requires Sandostatin LAR Depot to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Sandostatin LAR Depot is recommended for requests meeting both the preferred product step therapy requirements and indication requirements:

Preferred Product Step Therapy Requirements (New Starts Only)

Criteria. *The patient must meet the following criteria (A or B):*

A) For patients new to Sandostatin LAR Depot therapy only, must have a trial of Somatuline Depot prior to approval of Sandostatin LAR Depot. New starts to therapy defined as no use of Sandostatin LAR Depot within the past 180 days for Medicaid and Commercial patients. New starts to therapy defined as no use of Sandostatin LAR Depot within the past 365 days for Medicare patients.

B) Patient has a contraindication or other clinical reason why Somatuline Depot cannot be tried before Sandostatin LAR Depot.

Note: Preferred product step only required for indications FDA-Approved for both Sandostatin LAR Depot and Somatuline Depot.

FDA-Approved Indications

1. **Acromegaly.** Approve for 1 year if the patient meets ALL of the following (A, B, and C):
   - **A)** Patient meets ONE of the following (i, ii, or iii):
     - **i.** Patient has had an inadequate response to surgery and/or radiotherapy; OR
     - **ii.** Patient is NOT an appropriate candidate for surgery and/or radiotherapy; OR
     - **iii.** Patient is experiencing negative effects due to tumor size (e.g., optic nerve compression); AND
   - **B)** Patient has (or had) a pre-treatment (baseline) insulin-like growth factor-1 (IGF-1) level above the upper limit of normal based on age and gender for the reporting laboratory; AND
     Note: Pre-treatment (baseline) refers to the IGF-1 level prior to the initiation of any somatostatin analog (e.g., Mycapssa [octreotide delayed-release capsules], an octreotide acetate injection product [e.g., Bynfezia Pen, Sandostatin {generic}, Sandostatin LAR Depot], Signifor LAR [pasireotide injection], Somatuline Depot [lanreotide injection], dopamine agonist [e.g., cabergoline, bromocriptine], or Somavert [pegvisomant injection]). Reference ranges for IGF-1 vary among laboratories.
   - **C)** The medication is prescribed by or in consultation with an endocrinologist.

   Dosing. Approve up to 40 mg administered intramuscularly no more frequently than once every 4 weeks.

2. **Neuroendocrine Tumor(s) [NETs] of the Gastrointestinal Tract, Lung, Thymus (Carcinoid Tumors), and Pancreas (including glucagonomas, gastrinomas, vasoactive intestinal peptides-secreting tumors [VIPomas], insulinomas).** ***[EviCore]*** Approve for 1 year if the medication is prescribed by or in consultation with an oncologist, endocrinologist, or gastroenterologist.

   Dosing. Approve up to 30 mg administered intramuscularly no more frequently than once every 4 weeks.

Other Uses with Supportive Evidence

3. **Enterocutaneous Fistulas.** Approve for three months.

   Dosing. Approve up to 40 mg administered intramuscularly no more frequently than once every 4 weeks.

4. **Meningioma.** ***[EviCore]*** Approve for 1 year if the medication is prescribed by or in consultation with an oncologist, radiologist, or neurosurgeon.

   Dosing. Approve up to 40 mg administered intramuscularly no more frequently than once every 4 weeks.

5. **Pancreatic Fistulas.** Approve for two months if the patient is being treated for operative trauma, pancreatic resection, acute or chronic pancreatitis, or pancreatic infection.

   Dosing. Approve up to 40 mg administered intramuscularly no more frequently than once every 4 weeks.

6. **Pheochromocytoma and Paraganglioma.** ***[EviCore]*** Approve for 1 year if the medication is prescribed by or in consultation with an endocrinologist, oncologist, or neurologist.

   Dosing. Approve up to 40 mg administered intramuscularly no more frequently than once every 4 weeks.

7. **Thymoma and Thymic Carcinoma.** ***[EviCore]*** Approve for 1 year if the medication is prescribed by or in consultation with an oncologist.

   Dosing. Approve up to 40 mg administered intramuscularly no more frequently than once every 4 weeks.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Sandostatin LAR Depot is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Sandostatin® LAR Depot intramuscular injection [prescribing information]. East Hanover, NJ: Novartis; July 2023.
2. The NCCN Central Nervous System Cancers Clinical Practice Guidelines in Oncology (version 1.2023 – March 24, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed May 10, 2024.
3. The NCCN Neuroendocrine and Adrenal Tumors Clinical Practice Guidelines in Oncology (version 1.2023 – August 2, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed May 10, 2024.
4. Strosberg JR, Halfdanarson TR, Bellizi AR, et al. The North American Neuroendocrine Tumor Society consensus guidelines for surveillance and medical management of midgut neuroendocrine Tumors. *Pancreas*. 2017;46(6):707-714.
5. The NCCN Thymomas and Thymic Carcinomas Clinical Practice Guidelines in Oncology (version 1.2024 – November 21, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed May 10, 2024.

6. Kong X, Cao Y, Yang D, Zhang X. Continuous irrigation and suction with a triple-cavity drainage tube in combination with sequential somatostatin-somatotropin administration for the management of postoperative high-output enterocutaneous fistulas: Three case reports and literature review. *Medicine*. 2019;98(46):e18010.
7. Tian W, Zhao R, Luo S, et al. Effect of postoperative utilization of somatostatin on clinical outcome after definitive surgery for duodenal fistula. *Eur J Med Res*. 2023;28(1):63.
8. Alghamdi AA, Jawas AM, Hart RS. Use of octreotide for the prevention of pancreatic fistula after elective pancreatic surgery: a systematic review and meta-analysis. *Can J Surg*. 2007;50(6):459-466.
9. Veillette G, Dominguez I, Ferrone C, et al. Implications and management of pancreatic fistulas following pancreaticoduodenectomy: the Massachusetts General Hospital experience. *Arch Surg*. 2008;143(5):476-481.
10. Sundaram S, Patra BR, Choksi D, et al. Outcomes and predictors of response to endotherapy in pancreatic ductal disruptions with refractory internal and high-output external fistulae. *Ann Hepatobiliary Pancreat Surg*. 2022;26(4):347-354
11. Noori I. Postoperative enterocutaneous fistulas: Management outcomes in 23 consecutive patients. *Ann Med Surg*. 2021;66:102413.
12. 3.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	New UCare policy with preferred product step therapy for all lines of business.	01/01/2024
Annual Revision	No criteria changes.	05/15/2024
Selected Revision	**Enterocutaneous Fistulas:** The condition enterocutaneous fistulas was added under "Other Uses with Supportive Evidence". **Pancreatic Fistulas.** The condition pancreatic fistulas was added under "Other Uses with Supportive Evidence".	08/07/2024
UCare P&T Review	Policy reviewed and approved by UCare P&T committee. Annual review process	09/16/2024