Octreotide Agents

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Sandostatin (octreotide acetate) Sandostatin LAR Depot (octreotide acetate) 10mg, 30mg Kit Sandostatin LAR Depot (octreotide acetate) 20mg Kit	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Sandostatin or Sandostatin LAR Depot (octreotide) may be approved if the following criteria are met:

I. Individual has a diagnosis of acromegaly; **AND**
II. Diagnosis of acromegaly has been confirmed by, or in consultation with, a board-certified endocrinologist who has reviewed and verified the test results (including but not limited to: Insulin-like Growth Factor 1 levels; Oral Glucose Tolerance Test with associated Growth Hormone (GH) levels) that are indicative of a positive test; **AND**
III. Individual has had an inadequate response to any of the following:
    A. Surgical resection; **OR**
    B. Pituitary irradiation; **OR**
    C. Bromocriptine mesylate at maximally tolerated doses;

OR

IV. Surgery and/or radiotherapy is not an option;

OR

V. Individual has a diagnosis of carcinoid tumors and is using for any of the following: Metastatic carcinoid tumors to suppress or inhibit severe diarrhea and flushing episodes associated with the disease;

OR

VI. Individual has a diagnosis of neuroendocrine and adrenal tumors and is using for any of the following:
    A. For the management of unresectable locoregional disease or distant metastasis (NCCN 2A); **OR**

B. For the treatment of the profuse watery diarrhea associated with VIPomas; **OR**
C. Prophylactic treatment prior to surgery for gastrinoma (AHFS);

OR

VII. Individual is using for bleeding Gastroesophageal (GE) varices and the following criteria are met:
A. GE varices are associated with liver disease (Banares 2002, Corley 2001); **AND**
B. Octreotide acetate is used in combination with endoscopic therapy or alone if endoscopic therapy is not immediately available (Garcia-Tsao 2007);

OR

VIII. Individual is using for malignant bowel obstruction to manage gastrointestinal (GI) symptoms (e.g. nausea, pain, or vomiting) (Berger 2016);

OR

IX. Individual is using for thymic carcinoma or thymoma with or without prednisone (NCCN 2A);

OR

X. Individual is requesting Sandostatin LAR for meningiomas in central nervous system cancers (NCCN 2A); **AND**
A. Individual has surgically inaccessible recurrent or progressive disease when radiation is not possible; **AND**
B. Individual is using in combination with everolimus;

OR

XI. Individual is requesting Sandostatin for rapid relief of symptoms or for breakthrough symptoms in individuals taking long-acting octreotide acetate when any of the criteria are met for the above uses (NCCN 2A).

Requests for Sandostatin or Sandostatin LAR Depot (octreotide) may **not** be approved for any of the following:

I. Individual is using for the treatment of chylothorax; **OR**
II. Individual is using for the treatment of diarrhea associated with acquired immunodeficiency syndrome; **OR**
III. Individual is using for the treatment of gastrointestinal diseases(e.g. bleeding from vascular malformations, gastroparesis, pancreatitis, prevention of postoperative complications following pancreatic surgery, short bowel syndrome, or upper GI bleeding); **OR**
IV. Individual is using for the treatment of Graves' ophthalmopathy; **OR**
V. Individual is using for the treatment of hypothalamic obesity; **OR**

VI. Individual is using for the treatment of other carcinomas (e.g. advanced breast cancer, hepatocellular cancer, or prostate cancer); **OR**
VII. Individual is using for the treatment of polycystic kidney disease; **OR**
VIII. When the above criteria are not met and for all other indications.

Key References:

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