Sandostatin (octreotide acetate)

Override(s) | Approval Duration
--- | ---
Prior Authorization | 1 year

<table>
<thead>
<tr>
<th>Medications</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandostatin (octreotide acetate)</td>
<td>N/A</td>
</tr>
<tr>
<td>Sandostatin LAR Depot (octreotide acetate) 10mg, 30mg Kit</td>
<td>1 kit per 28 days</td>
</tr>
<tr>
<td>Sandostatin LAR Depot (octreotide acetate) 20mg Kit</td>
<td>2 kits per 28 days</td>
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</tbody>
</table>

**Applicable Medicaid Markets – Sandostatin LAR pharmacy policy only applicable to VA and Amerigroup Medicaid only**

**APPROVAL CRITERIA**

Requests for Sandostatin or Sandostatin LAR Depot (octreotide) may be approved for individuals who meet the following criteria:

1. Individual has a diagnosis of acromegaly; **AND**
2. 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**
3. Surgery and/or radiotherapy is not an option;

**OR**

4. Individual has a diagnosis of carcinoid tumors and is using for any of the following:
   A. Metastatic carcinoid tumors to suppress or inhibit severe diarrhea and flushing episodes associated with the disease; **OR**
   B. Prophylactic administration prior to biopsy in an individual with a suspected functioning carcinoid tumor (NCCN 2A); **OR**

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C. Prophylactic administration prior to induction of anesthesia in an individual with a functional carcinoid tumor (AHFS); OR
D. Prophylactic administration perioperatively to a surgical procedure in an individual with a functional carcinoid tumor (AHFS);

OR

V. Individual has a diagnosis of neuroendocrine 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. For the treatment of underlying hypergastrinemic Zollinger-Ellison syndrome (NCCN 2A); OR
   D. Prophylactic treatment prior to surgery for gastrinoma (NCCN 2A);

OR

VI. 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

VII. Individual is using for central nervous system (CNS) meningiomas that are surgically inaccessible, recurrent, or progressive and is not a candidate for further radiation therapy (NCCN 2A);

OR

VIII. Individual is using for chemotherapy or radiation-induced diarrhea that is unresponsive to conventional antidiarrheal medications (such as atropine, diphenoxylate, and loperamide) (NCCN 2A);

OR

IX. Individual is using for malignant bowel obstruction to manage gastrointestinal (GI) symptoms (e.g. nausea, pain, or vomiting) (NCCN 2A);

OR

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

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**Market Applicability**

| Market | DC | FL & FHK | FL MMA | FL LTC | GA | KS | KY | MD | NJ | NV | NY | TN | TX | WA |
|--------|----|----------|--------|--------|----|----|----|----|----|----|----|----|----|----|----|
| Applicable | X | X | NA | NA | X | NA | X | X | X | X | NA | NA | X |

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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, 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.

**State Specific Mandates**

<table>
<thead>
<tr>
<th>State name</th>
<th>Date effective</th>
<th>Mandate details (including specific bill if applicable)</th>
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<tbody>
<tr>
<td>N/A</td>
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Key References:


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### Market Applicability

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