CRITERIA FOR COVERAGE/NONCOVERAGE

SOMATULINE® DEPOT (lanreotide) subcutaneous injection will be considered for coverage under the pharmacy benefit program when the following criteria are met:
- Patient has a diagnosis of acromegaly AND
- Patient has had an inadequate response to surgery and/or radiotherapy OR patient is not a candidate for surgery and/or radiotherapy

SANDOSTATIN® (octreotide) short-acting subcutaneous injection or SANDOSTATIN LAR® (octreotide) long-acting intramuscular injection will be considered for coverage under the pharmacy benefit program when the following criteria are met:
- Patient has a diagnosis of acromegaly AND
- Patient has had an inadequate response to surgical resection, pituitary irradiation, and/or bromocriptine mesylate at maximally tolerated doses OR patient cannot be treated with surgical resection, pituitary irradiation, and/or bromocriptine mesylate at maximally tolerated doses OR
- Patient has a diagnosis of metastatic carcinoid tumor requiring symptomatic treatment of severe diarrhea and flushing episodes OR
- Patient has a diagnosis of vasoactive intestinal peptide tumor requiring treatment of profuse watery diarrhea

AND
- For Sandostatin LAR, patient must have responded to and tolerated octreotide short-acting subcutaneous injection

Off label uses for oncology indications are approvable if considered medically acceptable as described in the Supporting Information section.
Authorization for continued use shall be reviewed at least annually to confirm the following:

- For a diagnosis of acromegaly, patient’s IGF-1 level for age and gender has normalized/improved
- For a diagnosis of metastatic carcinoid tumor, improvement in number of diarrhea and flushing episodes
- For a diagnosis of vasoactive intestinal peptide tumor, improvement in number of diarrhea episodes
- Current coverage policy criteria are met

Lanreotide and octreotide injections are considered experimental/investigational for conditions not listed in this coverage policy section.