

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	X	NA	NA	X

\*FHK- Florida Healthy Kids

## Sandostatin (octreotide acetate)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Quantity Limit
Sandostatin (octreotide acetate)	N/A
**Sandostatin LAR Depot (octreotide acetate) 10mg, 30mg Kit	1 kit per 28 days
**Sandostatin LAR Depot (octreotide acetate) 20mg Kit	2 kits per 28 days

**\*\*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:

- I. Individual has a diagnosis of acromegaly; **AND**
  - II. 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**
- III. Surgery and/or radiotherapy is not an option;
- OR**
- IV. 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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**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		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

**Key References:**

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