Medical Policy

Healthcare Services Department

Policy Name	Policy Number	Scope	
Octeotride Agent (Bynfezia Pen, Sandostatin, Sandostatin LAR)	MP-RX-FP-65-23	☒ MMM MA	☒ MMM Multihealth

Service Category

☐ Anesthesia
☐ Surgery
☐ Radiology Procedures
☐ Pathology and Laboratory Procedures
☐ Medicine Services and Procedures
☐ Evaluation and Management Services
☐ DME/Prosthetics or Supplies
☒ Other TYPE B DRUG

Service Description

This document addresses the use of Octeotride Agent (Bynfezia Pen, Sandostatin, Sandostatin LAR) , a drug approved by the Food and Drug Administration (FDA) for the treatment of a multiple variety of diseases as established in background information.

Background Information

Octreotide exerts pharmacologic actions similar to the natural hormone somatostatin, but is a more potent inhibitor of GH, glucagon, and insulin than somatostatin. Like somatostatin, it also suppresses luteinizing hormone (LH) response to gonadotropin-releasing hormone (GnRH), decreases splanchnic blood flow, and inhibits release of serotonin, gastrin, vasoactive intestinal peptide, secretin, motilin, and pancreatic polypeptide.

Acromegaly is a rare condition that occurs if a tumor causes excess growth hormone secretion, that in turn increases IGF-1 levels. The increase in the hormones causes the hands, feet, lips, nose, and tongue to become larger, bone changes, headaches, joint aches, and vision problems. Complications may develop such as type 2 diabetes, high blood pressure, heart disease, sleep apnea, and arthritis. Estimates are there are 3,000 new cases of acromegaly per year with a prevalence of about 25,000 patients in the US. Treatment includes surgery, radiation, and medications. Medications are used if surgery is impractical or not successful. Medications for acromegaly include somatostatin analogs, growth hormone receptor antagonist, and dopamine agonist. Dopamine agonist (e.g., cabergoline) has a limited role in the treatment of acromegaly for those with mild disease.

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Table 1: Somatostatin Analogs and Growth Hormone Receptor Antagonist for Acromegaly

Product	Indications	Route and frequency for Acromegaly
Somatostatin Analogs		
Mycapssa (octreotide) delayed-release capsules	Long-term maintenance treatment of acromegaly patients who have responded to and tolerated octreotide or lanreotide.	Oral capsule used twice daily or daily
Octreotide (injection; immediate-release)	Acromegaly in those who have inadequate response to or cannot be treated with surgical resection, pituitary irradiation, and bromocriptine mesylate at maximally tolerated doses. Other indications: carcinoid tumors, vasoactive intestinal peptide tumors	Subcutaneous or intravenous injection three times a day
Bynfezia Pen (octreotide injection)	Adult patients with acromegaly who have had inadequate response to or cannot be treated with surgical resection, pituitary irradiation, and bromocriptine mesylate at maximally tolerated doses. Other indications: carcinoid tumors, vasoactive intestinal peptide tumors	Subcutaneous injection three times a day
Sandostatin LAR depot	For patients in whom initial treatment with octreotide injection has been shown effective and tolerated.	Intramuscular injection every 4

Product	Indications	Route and frequency for Acromegaly
(octreotide, injection; long-acting release)	Long-term maintenance treatment of acromegaly patients who have had an inadequate response to surgery and/or radiotherapy or for whom surgery and/or radiotherapy is not an option Other indications: carcinoid tumors, vasoactive intestinal peptide tumors	weeks administered by a healthcare professional
Signifor LAR (pasireotide, injection)	For patients with acromegaly who have had an inadequate response to surgery and/or whom surgery is not an option. Other indication: Cushing's disease	Intramuscular injection every 4 weeks administered by a healthcare professional
Somatuline Depot (lanreotide, injection)	For long-term treatment of acromegaly who have had an inadequate response to surgery and/or radiotherapy, or whom surgery and/or radiotherapy is not an option. Other indications: gastroenteropancreatic neuroendocrine tumors, carcinoid syndrome	Deep subcutaneous injection every 4 weeks administered by a healthcare professional
Growth Hormone Receptor Antagonist		
Somavert (pegvisomant, injection)	For treatment of acromegaly in patients who have had an inadequate response to surgery or radiation, or for whom these therapies are not appropriate.	Subcutaneous injection daily

Policy Name	Policy Number	Scope	
Octeotride Agent (Bynfezia Pen, Sandostatin, Sandostatin LAR)	MP-RX-FP-65-23	☒ MMM MA	☒ MMM Multihealth

The safety and/or efficacy of octreotide acetate have not been established for treating the following conditions. The peer-reviewed
published medical literature consists of case reports, small case series, RCTs of small sample sizes, and non-randomized or
uncontrolled trials which preclude drawing reliable conclusions on the safety and net health benefit of octreotide acetate for other
conditions, including but not limited to:
1. AIDs-related diarrhea (Panel 2018);
2. Chyle fistula management following neck dissection surgery (Swanson, 2015);
3. Chylothorax in adults (Fujita, 2014; Ismail, 2015) and neonates (Das and Shah, 2010; Testoni, 2015);
4. Graves' ophthalmopathy (thyroid eye disease) (Stan, 2006);
5. Hypothalamic obesity (insulin hypersecretion) (Lustig, 2003; Michalsky, 2012);
6. Other carcinomas, such as:
• advanced, metastatic breast cancer (Bajetta, 2002; Chapman, 2015);
• hepatocellular cancer (Jia, 2010);
• prostate cancer (including castration-resistant) (Friedlander, 2012);
7. Other GI tract conditions, such as:
• bleeding from vascular malformations (such as, angiodysplasias, angioectasias, or/GI tract AVM (Brown, 2010; Junquera, 2007; Loyaga-Rendon, 2015, Szilagyi and Ghali, 2006);
• gastroparesis (Edmunds, 1998);
• non-variceal upper GI bleeding (Archimandritis, 2000);
• pancreatitis (Xu, 2013);
• short bowel syndrome (Nehra, 2001);
• small intestinal dysmotility associated with systemic sclerosis (scleroderma) (Nikou, 2007; Perlemuter, 1999; Soudah, 1991; Verne, 1995); and
8. Polycystic kidney or liver disease (Caroli, 2013; Hogan, 2010; Ruggenenti, 2005).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS	Description
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg
J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg [Bynfezia] [Sandostatin LAR

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Octeotride Agent (Bynfezia Pen, Sandostatin, Sandostatin LAR)	MP-RX-FP-65-23	☒ MMM MA	☒ MMM Multihealth

ICD-10	Description
C18.0-C18.9	Malignant neoplasm of colon [associated bowel obstruction]
C25.0-C25.9	Malignant neoplasm of pancreas [related VIPoma syndrome]
C37	Malignant neoplasm of thymus
C48.1-C48.8	Malignant neoplasm of peritoneum [associated bowel obstruction]
C57.00-C57.4	Malignant neoplasm of other and unspecified female genital organs [associated bowel obstruction]
C70.0-C70.9	Malignant neoplasm of meninges
C75.1	Malignant neoplasm of pituitary gland
C7A.00-C7A.8	Malignant neuroendocrine tumors (carcinoid tumors)
C7B.00-C7B.8	Secondary neuroendocrine tumors
D01.7	Carcinoma in situ of other specified digestive organs [pancreas]
D13.7	Benign neoplasm of endocrine pancreas
D15.0	Benign neoplasm of thymus
D35.2	Benign neoplasm of pituitary gland
D3A.010-D3A.8	Benign neuroendocrine tumors
E05.80-E05.81	Other thyrotoxicosis
E22.0	Acromegaly and pituitary gigantism
E31.20-E31.23	Multiple endocrine neoplasia [MEN] syndrome
E34.0	Carcinoid syndrome
H47.49	Disorders of optic chiasm in (due to) other disorder
I85.11	Secondary esophageal varices with bleeding
K56.690-K56.699	Other intestinal obstruction
K59.1	Functional diarrhea
K70.0-K75.9	Disease of liver [related bleeding esophageal varices
R19.7	Diarrhea, unspecified
Z85.841	Personal history of malignant neoplasm of brain

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Medical Necessity Guidelines

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

Clinical Criteria:

B vs D Criteria: All drugs included in this PA are subject to B vs D evaluation. Medication must be furnished "incident to" physician service provided and usually not self-administered to be covered by Medicare and to be eligible to be evaluated through part B. If not, medication must be evaluated through part D.

Octreotide (Bynfezia Pen, Sandostatin or Sandostatin LAR Depot)

A. Criteria For Initial Approval

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:
A. Metastatic carcinoid tumor 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 profuse watery diarrhea associated with VIPomas; OR
C. Prophylactic treatment prior to surgery for gastrinoma (AHFS);

OR

vii. Individual is using for bleeding Gastroesophagel (GE) varices and the following criteria are met:
A. Gastroesophageal 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 symptoms (e.g. nausea, pain or vomiting) (AHFS);

OR

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

OR

x. 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).

B. **Conditions Not Covered**
Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive)

i. Individual is using for the treatment of chylothorax; OR
ii. Individual is using for the treatment of diarrhea associated with acquired immunodeficiency disease; 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.

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Octeotride Agent (Bynfezia Pen, Sandostatin, Sandostatin LAR)	MP-RX-FP-65-23	☒ MMM MA	☒ MMM Multihealth

Limits or Restrictions

A. Quantity Limitations

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. The chart below includes dosing recommendations as per the FDA-approved prescribing information.

Drug	Limit
Sandostatin LAR (octreotide) Depot Kit 20 mg*	2 kits per 28 days
Sandostatin LAR (octreotide) Depot Kit 10 mg, 30 mg	1 kit per 28 days

Policy Name	Policy Number	Scope	
Octeotride Agent (Bynfezia Pen, Sandostatin, Sandostatin LAR)	MP-RX-FP-65-23	☒ MMM MA	☒ MMM Multihealth

Reference Information

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Policy Name	Policy Number	Scope	
Octeotride Agent (Bynfezia Pen, Sandostatin, Sandostatin LAR)	MP-RX-FP-65-23	☒ MMM MA	☒ MMM Multihealth

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Policy History

Revision Type	Summary of Changes	P&T Approval Date	MPCC Approval Date
Policy Inception	Elevance Health's Medical Policy adoption.	N/A	11/30/2023

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