Clinical Policy: Octreotide Acetate (Sandostatin, Sandostatin LAR Depot, Mycapssa)

Reference Number: PA.CP.PHAR.40
Effective Date: 01/2018
Last Review Date: 01/2025

Description
Octreotide acetate (Sandostatin® Injection, Sandostatin® LAR Depot, Mycapssa®) is a somatostatin analog.

FDA Approved Indication(s)
Sandostatin Injection is indicated:

- Acromegaly
  - To reduce blood levels of growth hormone (GH) and insulin-like growth factor (IGF-I (somatomedin C) in acromegaly patients who have had inadequate response or cannot be treated with surgical resection, pituitary irradiation, and bromocriptine mesylate at maximally tolerated doses;
- Carcinoid tumors
  - For the symptomatic treatment of patients with metastatic carcinoid tumors where it suppresses or inhibits the severe diarrhea and flushing episodes associated with the disease
- Vasoactive intestinal peptide tumors (VIPomas)
  - For the treatment of the profuse watery diarrhea associated with vasoactive intestinal peptide (VIP)-secreting tumors

Sandostatin LAR Depot is indicated for treatment in patients who have responded to and tolerated Sandostatin Injection subcutaneous injection for:

- Acromegaly
- Carcinoid tumors
  - Severe diarrhea/flushing episodes associated with metastatic carcinoid tumors
- Vasoactive intestinal peptide tumors* (VIPomas)
  - Profuse watery diarrhea associated with VIP-secreting tumors

Mycapssa is indicated for long-term maintenance treatment in acromegaly patients who have responded to and tolerated treatment with octreotide or lanreotide.

Limitation(s) of use: In patients with carcinoid syndrome and VIPomas, the effect of Sandostatin Injection, and Sandostatin LAR Depot on tumor size, rate of growth and development of metastases, has not been determined.

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

It is the policy of PA Health & Wellness that Sandostatin Injection, its generic (octreotide acetate injection), Mycapssa and Sandostatin LAR Depot are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Acromegaly (must meet all):

1. Diagnosis of acromegaly as evidenced by one of the following (a or b):
   a. Pre-treatment IGF-I level above the upper limit of normal based on age and gender for the reporting laboratory;
   b. Serum GH level ≥ 1 µg/mL after a 2-hour oral glucose tolerance test;
2. Prescribed by or in consultation with an endocrinologist;
3. Age ≥ 18 years or, if younger, epiphyseal growth plates have closed;
4. One of the following (a or b):
   a. Inadequate response to surgical resection or pituitary irradiation (i.e., unable to achieve normalization of GH and/or IGF-I levels or unable to adequately control tumor mass)
   b. Member is not a candidate for surgical resection or pituitary irradiation;;
5. For Sandostatin injection, member must use generic octreotide acetate, unless contraindicated or clinically significant adverse effects are experienced;
6. For Sandostatin LAR, member must use generic octreotide acetate, if available, unless contraindicated or clinically significant adverse effects are experienced;
7. For Sandostatin LAR requests, member has received Sandostatin Injection for at least two weeks with improvement in GH or IGF-I levels, or tumor mass control;
8. For Mycapssa requests, member has responded to and tolerated treatment with octreotide or lanreotide;
9. Dose does not exceed any of the following (*Sandostatin injection can be used with Sandostatin LAR Depot)* (a, b or c):
   a. Sandostatin Injection: 1,500 mcg per day in divided doses;
   b. Sandostatin LAR Depot: 40 mg every 4 weeks;
   c. Mycapssa: 80 mg (4 capsules) per day;

Approval duration: 6 months

B. Carcinoid tumors (**Neuroendocrine Tumors of the Gastrointestinal Tract, Lung, and Thymus)** (must meet all):

1. Request is for Sandostatin Injection, or Sandostatin LAR Depot;
2. Diagnosis of a carcinoid tumor *(most commonly arising in the lungs and bronchi, small intestine, appendix, rectum, or thymus)* and one of the following (a or b):
   a. Request is for carcinoid syndrome (i.e., presence of diarrhea or flushing symptoms indicative of hormonal hypersecretion);
   b. Request is for advanced disease, with or without carcinoid syndrome;
3. Prescribed by or in consultation with an oncologist;
4. Age ≥ 18 years;
5. For Sandostatin injection, member must use generic octreotide acetate, unless contraindicated or clinically significant adverse effects are experienced;
6. For Sandostatin LAR, member must use generic octreotide acetate, if available, unless contraindicated or clinically significant adverse effects are experienced;
7. For Sandostatin LAR Depot requests, if request is for symptom management only, member has received Sandostatin Injection for at least two weeks with improvement in diarrhea or flushing episodes;

8. Request meets one of the followings (*Sandostatin injection can be used with Sandostatin LAR Depot)* (a or b):
   a. Dose does not exceed any of the following (i or ii):
      i. Sandostatin Injection: 1,500 mcg per day in divided doses;
      ii. Sandostatin LAR Depot: 30 mg every 4 weeks;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence).*

Approval duration: 6 months

C. Pancreatic Neuroendocrine Tumor (including VIPoma) and Adrenal Tumors (must meet all):
1. Request is for Sandostatin Injection, or Sandostatin LAR Depot;
2. Diagnosis of one of the following (a or b):
   a. Pancreatic neuroendocrine tumor including but not limited to VIPoma, gastrinoma, insulinoma or glucagonoma, and one of the following (i, ii, iii, or iv):
      i. Request is for management of symptoms indicative of hormonal hypersecretion (e.g., diarrhea);
      ii. Request is for treatment of a gastrinoma with or without symptoms;
      iii. For other pancreatic neuroendocrine tumors, request is for advanced disease, with or without symptoms;
      iv. If request is for an insulinoma, tumor is somatostatin receptor positive on imaging;
   b. Advanced adrenal pheochromocytoma/paraganglioma;
3. Prescribed by or in consultation with an oncologist;
4. Age ≥ 18 years;
5. For Sandostatin injection, member must use generic octreotide acetate, unless contraindicated or clinically significant adverse effects are experienced;
6. For Sandostatin LAR, member must use generic octreotide acetate, if available, unless contraindicated or clinically significant adverse effects are experienced;
7. For Sandostatin LAR Depot requests, if request is for symptom management only, member has received Sandostatin Injection for at least two weeks with improvement in symptoms;
8. Request meets one of the following (*Sandostatin Injection can be used with Sandostatin LAR Depot)* (a or b):
   a. Dose does not exceed any of the following (i or ii):
      i. Sandostatin Injection: 750 mcg per day in divided doses;
      ii. Sandostatin LAR Depot:30 mg every 4 weeks;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence).*

Approval duration: 6 months

D. Meningioma (off-label) (must meet all):
1. Request is for Sandostatin Injection, or Sandostatin LAR Depot;
2. Diagnosis of meningioma*)*;
3. Prescribed by or in consultation with an oncologist;

4. Age ≥ 18 years;
5. For Sandostatin injection, member must use generic octreotide acetate, unless contraindicated or clinically significant adverse effects are experienced;
6. For Sandostatin LAR, member must use generic octreotide acetate, if available, unless contraindicated or clinically significant adverse effects are experienced;
7. Disease is not amenable to surgery or radiation;
8. Octreotide scan is positive;
9. Dose is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence).*

Approval duration: 6 months

E. Thymoma and Thymic Carcinoma (off-label) (must meet all):

1. Request is for Sandostatin Injection, or Sandostatin LAR Depot;
2. Diagnosis of thymoma or thymic carcinoma;
3. Prescribed by or in consultation with an oncologist;
4. Age ≥ 18 years;
5. For Sandostatin injection, member must use generic octreotide acetate, unless contraindicated or clinically significant adverse effects are experienced;
6. For Sandostatin LAR, member must use generic octreotide acetate, if available, unless contraindicated or clinically significant adverse effects are experienced;
7. Octreotide scan or dotatate PET/CT is positive;
8. Dose is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence).*

Approval duration: 6 months

F. Other diagnoses/indications: Refer to PA.CP.PMN.53

II. Continued Approval

A. Acromegaly (must meet all)**:**

1. Currently receiving medication via PA Health & Wellness benefit, or member has previously met initial approval criteria; or the Continuity of Care policy (PA.PHARM.01) applies;
2. Member is responding positively to therapy (e.g., improvement in GH or IGF-1 serum concentrations, or in tumor mass control, since initiation of therapy);
3. For Sandostatin Injection, member must use generic octreotide acetate, unless contraindicated or clinically significant adverse effects are experienced;
4. For Sandostatin LAR, member must use generic octreotide acetate, if available, unless contraindicated or clinically significant adverse effects are experienced;
5. If request is for a dose increase, new dose does not exceed any of the following *(Sandostatin injection can be used with Sandostatin LAR Depot)* (a, b, or c):
   a. Sandostatin Injection: 1,500 mcg per day in divided doses;
   b. Sandostatin LAR Depot: 40 mg every 4 weeks;
   c. Mycapssa: 80 mg (4 capsules) per day.

Approval duration: 6 months

B. Carcinoid Tumor and Pancreatic/Adrenal Neuroendocrine Tumor (must meet all)**:**
1. Currently receiving medication via PA Health & Wellness benefit, or member has previously met initial approval criteria; or the Continuity of Care policy (PA.PHARM.01) applies;
2. Request is for Sandostatin Injection, or Sandostatin LAR Depot;
3. Member is responding positively to therapy;
4. For Sandostatin Injection, member must use generic octreotide acetate, unless contraindicated or clinically significant adverse effects are experienced;
5. For Sandostatin LAR, member must use generic octreotide acetate, if available, unless contraindicated or clinically significant adverse effects are experienced;
6. If request is for a dose increase, request meets one of the following *(Sandostatin Injection can be used with Sandostatin LAR Depot)* (a or b):
   a. New dose does not exceed one of the following (i or ii):
      i. Sandostatin Injection (1 or 2):
         1. Carcinoid tumors: 1,500 mcg per day in divided doses;
         2. VIPomas: 750 mcg per day in divided doses;
      ii. Sandostatin LAR Depot: 30 mg every 4 weeks;
   b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence).*

Approval duration: 6 months

C. Meningioma, Thymoma and Thymic Carcinoma (off-label) (must meet all):
1. Currently receiving medication via PA Health & Wellness benefit, or member has previously met initial approval criteria; or the Continuity of Care policy (PA.PHARM.01) applies;
2. Request is for Sandostatin Injection, or Sandostatin LAR Depot;
3. Member is responding positively to therapy;
4. For Sandostatin Injection, member must use generic octreotide acetate, unless contraindicated or clinically significant adverse effects are experienced;
5. For Sandostatin LAR, member must use generic octreotide acetate, if available, unless contraindicated or clinically significant adverse effects are experienced;
6. If request is for a dose increase, new dose f is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence).*

Approval duration: 6 months

D. Other diagnoses/indications (must meet 1 or 2):
1. Currently receiving medication via PA Health & Wellness benefit, or member has previously met initial approval criteria; or the Continuity of Care policy (PA.PHARM.01) applies;
Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to PA.CP.PMN.53

III. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

FDA: Food and Drug Administration
GH: growth hormone
IGF-1: insulin growth factor 1 (somatomedin C)
NCCN: National Comprehensive Cancer Network
VIPoma: vasoactive intestinal peptide tumor

Appendix B: Therapeutic Alternatives

Not applicable

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Sandostatin Injection and Mycapssa: sensitivity to this drug or any of its components
  - Sandostatin LAR Depot: none reported
- Boxed warning(s): none reported

Appendix D: General Information

Acromegaly: GH excess occurring in growing children/adolescents before epiphyseal growth plate closure (known as pituitary gigantism) is not included in the present policy given unique etiologic and management considerations.

IV. Dosage and Administration

Drug Name	Indication	Dosing Regimen	Maximum Dose
Octreotide acetate (Sandostatin Injection) (SC or IV)	Acromegaly	Up to 1500 mcg in 2 or more divided doses	1500 mcg/day
	Carcinoid tumors	Up to 1500 mcg in 2 or more divided doses	1500 mcg/day
	VIPomas	Up to 750 mcg in 2 or more divided doses	750 mcg/day
Octreotide acetate (Sandostatin LAR Depot) (IM)	Acromegaly	20-40 mg every 4 weeks	40 mg/4 weeks
	Carcinoid tumors	20-30 mg every 4 weeks	30 mg/4 weeks
	VIPomas	20-30 mg every 4 weeks	30 mg/4 weeks
Octreotide acetate (Mycapssa)	Acromegaly	Initial: 20 mg PO BID. Titrate based on IGF-1 levels and patient's signs and symptoms. Increase dose in 20 mg increments to a maximum of 40 mg PO QD.	80 mg/day

V. Product Availability

Drug Name	Availability
Octreotide acetate (Sandostatin Injection)	Single-use ampule: 50 mcg/mL, 100 mcg/mL, 500 mcg/mL

Drug Name	Availability
	Multi-dose vial: 200 mcg/mL, 1000 mcg/mL
Octreotide acetate (Sandostatin LAR Depot)	Single-use kit (vial): 10 mg, 20 mg, 30 mg
Mycapssa (octreotide acetate)	Delayed-release capsule: 20 mg

VI. References

1. Sandostatin Prescribing Information. East Hanover, NJ: Novartis Pharmaceuticals Corporation; July 2024. Available at https://www.novartis.com/us-en/sites/novartis_us/files/sandostatin_inj.pdf.. Accessed October 31, 2024.
2. Sandostatin LAR Depot prescribing information. East Hanover, NJ: Novartis Pharmaceuticals Corporation; July 2024. Available at http://www.pharma.us.novartis.com/product/pi/pdf/sandostatin_lar.pdf. Accessed October 31, 2024.
3. Mycapssa Prescribing Information. Scotland, UK: MW Encap LTD; August 2024. Available at: www.mycapssa.com. Accessed October 31, 2024.

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4. Katznelson L, Laws Jr. ER, Melmed S, et al. Acromegaly: an Endocrine Society clinical practice guideline. J Clin Endocrinol Metab. 2014;99:3933-3951.
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7. Guistina A, Barkhoudarian G, Beckers A, et al. Multidisciplinary management of acromegaly: A consensus. Rev Endocr Metab Disord. 2020; 21(4): 667-678.
8. Ogedegbe OJ, Cheema AY, Khan MA, et al. A comprehensive review of four clinical practice guidelines of acromegaly. Cureus 14(9):e28722.

Oncology

9. Octreotide acetate [Sandostatin, Bynfezia]. National Comprehensive Cancer Network Compendium. Available at nccn.org. Accessed November 7, 2024.
10. Octreotide acetate (LAR) [Sandostatin LAR Depot]. National Comprehensive Cancer Network Compendium. Available at nccn.org. Accessed November 7, 2024.
11. National Comprehensive Cancer Network Guidelines. Neuroendocrine and Adrenal Tumors Version 2.2024. Available at https://www.nccn.org/professionals/physician_gls/pdf/neuroendocrine.pdf.. Accessed November 7, 2024.
12. National Comprehensive Cancer Network Guidelines. Central Nervous System Cancers Version 3.2024. Available at https://www.nccn.org/professionals/physician_gls/pdf/cns.pdf. Accessed November 7, 2024.
13. National Comprehensive Cancer Network Guidelines. Thymomas and Thymic Carcinomas Version 1.2025. Available at https://www.nccn.org/professionals/physician_gls/pdf/thymic.pdf. Accessed November 7, 2024.

Coding Implications
Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg
J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg

Reviews, Revisions, and Approvals	Date
Specialist added for oncology indications. Requests for non-oncology off-label indications and any oncology off-label indications not outlined above are directed to PA.CP.PMN.53. Positive therapeutic response examples (diarrhea, flushing, disease progression, unacceptable toxicity) are removed as they are not amenable to objective measurement. References updated. Updated approval duration to 6 months.	02/2018
1Q 2019 annual review; off-label NCCN recommended uses added for tumor control of neuroendocrine tumors with or without symptoms; positive octreotide scan added for insulinoma and meningioma per NCCN; references reviewed and updated.	01/2019
1Q 2020 annual review: specialist added for acromegaly indication for alignment with other somatostatin analogs; references reviewed and updated.	01/2020
1Q 2021 annual review: advanced adrenal pheochromocytoma /paraganglioma added per NCCN; references reviewed and updated.	01/2021
1Q 2022 annual review: no significant changes; references reviewed and updated.	01/2022
For acromegaly, added confirmatory diagnostic requirements (IGF-I or GH) per PS/ES practice guidelines	09/2022
1Q 2023 annual review: for Bynfezia and Sandostatin added must use generic octreotide language; for all oncologic indications clarified that request is for Sandostatin Injection, Bynfezia Pen, or Sandostatin LAR Depot; reorganized dose limits for all indications; moved the following onto separate criteria line: for Sandostatin LAR depot requests, if request is for symptom management and Mycapssa requests, member has responded to and tolerated treatment with octreotide or lanreotide; references reviewed and updated.	01/2023
1Q 2024 annual review: for thymoma and thymic carcinoma, removed criterion, “prescribed as second-line therapy” and added octreotide scan or dotatate PET/CT is positive per NCCN; removed references to	01/2024

Reviews, Revisions, and Approvals	Date
Bynfezia from policy due to product discontinuation; references reviewed and updated.	
1Q 2025 annual review: for sandostatin, added must use generic octreotide language to continued therapy; for Sandostatin LAR, added must use generic octreotide language, if available to both initial and continued therapy; references reviewed and updated.	01/2025