Prior Authorization Review Panel

CHC-MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: PA Health & Wellness	**Submission Date: 02/01/2021**
Policy Number: PA.CP.PHAR.40	**Effective Date: 01/01/2018** **Revision Date: 01/2021**
Policy Name: Octreotide Acetate (Sandostatin, Sandostatin LAR Depot, Bynfezia, Mycap)	

Type of Submission – Check all that apply:

- ☐ **New Policy**
- ✓ **Revised Policy***
- ☐ **Annual Review - No Revisions**
- ☐ **Statewide PDL** - *Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.*

***All revisions to the policy must be highlighted using track changes throughout the document.**

Please provide any changes or clarifying information for the policy below:

1Q 2021 annual review: advanced adrenal pheochromocytoma /paraganglioma added per NCCN; references reviewed and updated.

Name of Authorized Individual (Please type or print): **Auren Weinberg, MD**	**Signature of Authorized Individual:** 

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

Reference Number: PA.CP.PHAR.40
Effective Date: 01.2018
Last Review Date: 02.2021

Coding Implications
Revision Log

Description
It is the policy of Pennsylvania Health and Wellness® clinical policy for the following octreotide acetate formulations: Sandostatin® Injection and its generic, "octreotide acetate injection" and Sandostatin® LAR Depot, Bynfezia Pen, Mycapssa.

FDA Approved Indication(s)
Sandostatin Injection and Bynfezia pen 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, Bynfezia pen andSandostatin LAR Depot on tumor size, rate of growth and development of metastases, has not been determined.

In patients with acromegaly, the effect of Bynfezia Pen on improvement in clinical signs and symptoms, reduction in tumor size and rate of growth, has not been determined.

Policy/Criteria
It is the policy of Pennsylvania Health and Wellness that Sandostatin Injection, its generic (octreotide acetate injection), Bynfezia pen, 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;
2. Prescribed by or in consultation with an endocrinologist;
3. Age ≥ 18 years or, if younger, epiphyseal growth plates have closed;
4. 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), or member is not a candidate for such treatment;
5. Request meets one or both of the followings (*Sandostatin injection can be used with Sandostatin LAR Depot)* (a, b or c):
   a. Sandostatin Injection and Bynfezia Pen: Dose does not exceed 1,500 mcg per day in divided doses;
   b. Sandostatin LAR Depot (i and ii):
      i. Dose does not exceed 40 mg every 4 weeks;
      ii. Member has received Sandostatin Injection for at least two weeks with improvement in GH or IGF-I levels, or tumor mass control;
   c. Mycapssa (i and ii):
      i. Dose does not exceed 80 mg (4 capsules) per day;
      ii. Member has responded to and tolerated treatment with octreotide or lanreotide.

Approval duration: 6 months

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

1. 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;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Request meets one or both of the followings (*Sandostatin injection can be used with Sandostatin LAR Depot)* (a, b or c):
5.
   a. Sandostatin Injection and Bynfezia Pen: Dose does not exceed 1,500 mcg per day in divided doses;
   b. Sandostatin LAR Depot (i and ii):
      i. Dose does not to exceed 30 mg every 4 weeks;
      ii. If request is for symptom management only, member has received Sandostatin Injection for at least two weeks with improvement in diarrhea or flushing episodes;
   c. Dose for Sandostatin Injection, Bynfezia Pen, or Sandostatin LAR Depot 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. 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;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Request meets one of the following (*Sandostatin Injection can be used with Sandostatin LAR Depot)* (a, b, or c):
   a. Sandostatin Injection and Bynfezia Pen: Dose does not exceed 750 mcg per day in divided doses;
   b. Sandostatin LAR Depot (i and ii):
      i. Dose does not exceed 30 mg every 4 weeks;
      ii. If request is for symptom management only, member has received Sandostatin Injection for at least two weeks with improvement in symptoms prior to request for Sandostatin LAR Depot;
   c. Dose for Sandostatin Injection, Bynfezia Pen, or Sandostatin LAR Depot 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. Diagnosis of meningioma *(cancer of the central nervous system)*;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Disease is not amenable to surgery or radiation;
5. Octreotide scan is positive;

Dose for Sandostatin Injection, Bynfezia pen and/or Sandostatin LAR Depot 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. Diagnosis of thymoma or thymic carcinoma;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;

4. Second-line therapy (first-line therapies include CAP [cisplatin, doxorubicin, cyclophosphamide], ADOC [cisplatin, doxorubicin, vincristine, cyclophosphamide], PE [cisplatin, etoposide], VIP [etoposide, ifosfamide, cisplatin], carboplatin/placlitaxel;
   Dose for Sandostatin Injection, Bynfezia and/or Sandostatin LAR Depot 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 Pennyslvania Health and Wellness benefit, or member has previously met initial approval criteria; or the Continuity of Care policy (PA.LTSS.PHAR.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. If request is for a dose increase, request meets one of the following *(Sandostatin injection can be used with Sandostatin LAR Depot)* (a, b, or c):
   a. Sandostatin Injection and Bynfezia Pen: New dose does not exceed 1,500 mcg per day in divided doses;
   b. Sandostatin LAR Depot: New dose does not exceed 40 mg every 4 weeks;
   c. Mycapssa: New dose does not exceed 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 Pennyslvania Health and Wellness benefit, or member has previously met initial approval criteria; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy;

If request is for a dose increase, request meets one of the following *(Sandostatin Injection can be used with Sandostatin LAR Depot)* (a, b, or c):*

   a. Sandostatin Injection and Bynfezia Pen (i or ii):
      i. Carcinoid tumors: New dose does not exceed 1,500 mcg per day in divided doses;
      ii. VIPomas: New dose does not exceed 750 mcg per day in divided doses;
   b. Sandostatin LAR Depot: New dose does not exceed 30 mg every 4 weeks;
   c. New dose for Sandostatin Injection, Bynfezia Pen, or Sandostatin LAR Depot 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 Pennyslvania Health and Wellness benefit, or member has previously met initial approval criteria; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose for Sandostatin Injection, Bynfezia pen and/or Sandostatin LAR Depot 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 Pennyslvania Health and Wellness benefit, or member has previously met initial approval criteria; or the Continuity of Care policy (PA.LTSS.PHAR.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)
VIPoma: vasoactive intestinal peptide tumor

Appendix B: Therapeutic Alternatives
Not applicable

Appendix C: Contraindications/Boxed Warnings
Sandostatin LAR Depot: None reported
Sandostatin Injection, Bynfezia Pen, Mycapssa:

- Contraindication(s): Sensitivity to this drug or any of its components.
- 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

Drug Name	Indication	Dosing Regimen	Maximum Dose
Octreotide acetate (Bynfezia Pen) (SC)	Acromegaly	Up to 1500 mcg in 3 divided doses	1500 mcg/day
Octreotide acetate (Bynfezia Pen) (SC)	Carcinoid tumors	Up to 1500 mcg in 2 to 4 divided doses	1500 mcg/day
	VIPomas	Up to 750 mcg in 2 to 4 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
Mycapssa (octreotide acetate)	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 Multi-dose vial: 200 mcg/mL, 1000 mcg/mL
Bynfezia Pen (Octreotide acetate)	Single-patient-use pen: 2,500 mcg/mL octreotide as a 2.8 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; June 2020. Available at http://www.pharma.us.novartis.com/product/pi/pdf/sandostatin_inj.pdf. Accessed November 3, 2020.
2. Bynfezia Pen Prescribing Information. Gurjarat, India. Sun Pharmaceuticals; January 2020. Available at https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/213224s000lbl.pdf. Accessed November 3, 2020.
3. Sandostatin LAR Depot prescribing information. East Hanover, NJ: Novartis Pharmaceuticals Corporation; April 2019. Available at http://www.pharma.us.novartis.com/product/pi/pdf/sandostatin_lar.pdf. Accessed November 3, 2020.
4. Mycapssa Prescribing Information. Scotland, UK: MW Encap LTD; June 2020. Available at: www.mycapssa.com. Accessed July 14, 2020.

Acromegaly

5. Katznelson L, Laws Jr. ER, Melmed S, et al. Acromegaly: an Endocrine Society clinical practice guideline. J Clin Endocrinol Metab. 2014;99:3933-3951.
6. Melmed S, Colao A, Barkan A, et al. Guidelines for acromegaly management: an update. J Clin Endocrinol Metab. May 2009; 94(5): 1509-1517.

Oncology

7. Octreotide acetate [Sandostatin, Bynfezia]. National Comprehensive Cancer Network Compendium. Available at nccn.org. Accessed November 3, 2020.
8. Octreotide acetate (LAR) [Sandostatin LAR Depot]. National Comprehensive Cancer Network Compendium. Available at nccn.org. Accessed November 3, 2020.
9. National Comprehensive Cancer Network Guidelines. Neuroendocrine and Adrenal Tumors Version 2.2020. Available at nccn.org. Accessed November 3, 2020.
10. National Comprehensive Cancer Network Guidelines. Central Nervous System Cancers Version 3.2020. Available at nccn.org. Accessed November 3, 2020.
11. National Comprehensive Cancer Network Guidelines. Thymomas and Thymic Carcinomas Version 1.2020. Available at nccn.org. Accessed November 3, 2020.

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	Approval 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.	02/18	
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.	01/19	
1Q 2020 annual review: specialist added for acromegaly indication for alignment with other somatostatin analogs; references reviewed and updated.	01/20	
1Q 2021 annual review: advanced adrenal pheochromocytoma /paraganglioma added per NCCN; references reviewed and updated.	01/21	