Pharmacy Drug Policy & Procedure

Policy Name:	Somatuline Depot (lanreotide acetate)	Policy #:	2480P

Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Somatuline Depot.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Somatuline Depot under the specialty medical benefit when the following criteria have been met.

Criteria

1. Coverage Criteria for the Treatment of Acromegaly

1.1 Prescribed by an endocrinologist (hormone doctor)

1.2 Diagnosis of acromegaly

1.3 High Insulin-like Growth Factor (IGF-1) levels for age (lab values are required)

1.4 Documented inadequate response to surgery or radiotherapy or clinical reason why the patient has not had surgery or radiotherapy

1.5 Documented trial and failure or contraindication to Sandostatin or Sandostatin LAR

2. Coverage Criteria for the Treatment of High-Grade Poorly-Differentiated NET

2.1 Prescribed by a specialist knowledgeable in the treatment of NETs

2.2 Somatuline will be used in conjunction with cancer treatment

3. Coverage Criteria for the Treatment of Well-Differentiated (Carcinoid) NET

3.1 Prescribed by a specialist knowledgeable in the treatment of NETs

3.2 Diagnosis of one of the following: spreading unresectable disease, cancer releasing tumors, significant tumor burden, abnormal lung tumors despite cancer treatment, or lung NET with positive octreotide scan

4. Coverage Criteria for the Treatment of Pancreatic NET

4.1 Prescribed by an specialist knowledgeable in the treatment of NETs

4.2 Diagnosis of one of the following

- Insulinoma (pancreas tumors)
- Gastrinoma (intestinal tumors)
- VIPoma (endocrine tumors)
- Pituitary adenoma (pituitary tumors)

5. Approval Period

5.1 Initial: 12 months

5.2 Reauthorization: 12 months with documented clinical benefit

HCPCS Codes

J1930	Injection, lanreotide, 1 mg
J1932	Injection, lanreotide, (cipla), 1 mg

References

1. Somatuline Depot (lanreotide) [prescribing information]. Cambridge, MA: Ipsen Biopharmaceuticals, Inc; February 2023.
2. Fleseriu M, Biller BMK, Freda PU, et al. A Pituitary Society update to acromegaly management guidelines. Pituitary. 2021 Feb;24(1):1-13.
3. Giustina A, Barkan A, Beckers A, et al. A Consensus on the Diagnosis and Treatment of Acromegaly Comorbidities: An Update. J Clin Endocrinol Metab. 2020 Apr 1;105(4):dgz096.
4. Halfdanarson TR, Strosberg JR, Tang L, et al. The North American Neuroendocrine Tumor Society Consensus Guidelines for Neuroendocrine Tumors. https://nanets.net/images/2020_Guidelines_Compendium.pdf 2020 Aug;49(7):863-881.

Created Date: 04/06/16
Effective Date: 04/06/16
Posted to Website: 01/01/22
Revision Date: 06/05/24