Somatuline® Depot (lanreotide)

Humana

Pharmacy Coverage Policy

Effective Date: January 01, 2024
Revision Date: January 01, 2024
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Line of Business: Medicare, Commercial, Medicaid - South Carolina, Medicaid - Ohio
Policy Type: Prior Authorization

Products Affected
lanreotide subcutaneous syringe Somatuline Depot subcutaneous syringe

Listed Indications
Acromegaly Gastroenteropancreatic Neuroendocrine Tumors (GEP-NETs) Carcinoid Syndrome

Acromegaly	
Does the member meet all of the following criteria?	
Criteria #1	For generic lanreotide: Member has had prior therapy with or intolerance to brand Somatuline Depot OR Sandostatin LAR* *Previous treatment requirement does not apply to medical requests or Medicare Part B requests
Criteria #2	The member has a diagnosis of acromegaly
Criteria #3	The member has had inadequate response to or cannot be treated with traditional therapies including surgery and/or radiation therapy
Approval Duration	
Initial	plan year duration

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Gastroenteropancreatic Neuroendocrine Tumors (GEP-NETs)	
Does the member meet all of the following criteria?	
Criteria #1	For generic lanreotide: Member has had prior therapy with or intolerance to brand Somatuline Depot OR Sandostatin LAR *Previous treatment requirement does not apply to medical requests or Medicare Part B requests
Criteria #2	The member has a diagnosis of unresectable, well- or moderately-differentiated, locally advanced or metastatic gastroenteropancreatic neuroendocrine tumors
Approval Duration	
Initial	plan year duration

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Carcinoid Syndrome	
Does the member meet all of the following criteria?	
Criteria #1	For generic lanreotide: Member has had prior therapy with or intolerance to brand Somatuline Depot OR Sandostatin LAR* *Previous treatment requirement does not apply to medical requests or Medicare Part B requests
Criteria #2	The member has a diagnosis of carcinoid syndrome with symptoms of flushing and/or diarrhea
Approval Duration	
Initial	plan year duration

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Background

This is a prior authorization policy about Somatuline Depot (lanreotide acetate).

Acromegaly is an uncommonly diagnosed disorder with an annual estimated incidence of three to four cases per one million people. Acromegaly is a chronic disease resulting from excessive secretion of growth hormone (GH) and elevated levels of IGF-1. The usual cause of acromegaly is adenomas of the pituitary gland. Symptoms include headaches, profuse sweating, swelling, changes in facial features, joint disorders, and enlarged hands, feet and jaw. The goal of treatment is to reverse the effects of the excessive secretion of GH and normalize IGF-1 levels. Treatments include surgical removal of the adenoma, radiation therapy, and drug treatment, including dopamine agonists, GH receptor antagonists, and somatostatin analogues (i.e. octreotide and lanreotide).

Gastroenteropancreatic tumors are also classified as carcinoid tumors. The term *carcinoid* should be used for well-differentiated neuroendocrine tumors (NETs) or carcinomas of the GI tract only. Carcinoid tumors are rare, slow-growing tumors that originate in cells of the diffuse neuroendocrine system. They occur most frequently in tissues derived from the embryonic gut. Foregut tumors, which account for up to 25% of cases, arise in the lung, thymus, stomach, or proximal duodenum. Midgut tumors, which account for up to 50% of cases, arise in the small intestine, appendix, or proximal colon, with the appendix being the most common site of origin. Hindgut tumors, which account for approximately 15% of cases, arise in the distal colon or rectum. Other sites of origin include the gallbladder, kidney, liver, pancreas, ovary, and testis. Carcinoid syndrome occurs when carcinoid tumors secrete substances into the blood causing symptoms such as severe flushing and diarrhea.

Notes:

- Lanreotide may reduce gallbladder motility and lead to a gallstone formation therefore, patients may need to be monitored periodically. Discontinue if complications of cholthiasis are suspected.
- Patients treated with lanreotide may experience hypoglycemia or hyperglycemia. Blood glucose levels should be monitored when lanreotide treatment is initiated or when the dose is altered, and antidiabetic treatment should be adjusted accordingly.
- Decrease in heart rate may occur. Use with caution in at-risk patients.
- For carcinoid syndrome, patients should continue to use a short-acting somatostatin analog (i.e. octreotide) as rescue medication as needed for symptom control.

Lanreotide is an octapeptide analog of natural somatostatin. The mechanism of action is believed to be similar to that of natural somatostatin.

Somatuline Depot (lanreotide) is indicated for:

- the long-term treatment of acromegalic patients who have had an inadequate response to or cannot be treated with surgery and/or radiotherapy
- the treatment of adult patients with unresectable, well- or moderately-differentiated, locally advanced or metastatic gastroenteropancreatic tumors (GEP-NETs) to improve progression-free survival
- the treatment of adults with carcinoid syndrome; when used, it reduces the frequency of short-acting somatostatin analogue rescue therapy

Lanreotide is available as Somatuline Depot Injection in 60mg/0.2mL, 90mg/0.3mL, and 120mg/0.5mL single-use prefilled syringes.

Provider Claim Codes

For medically billed requests, please visit www.humana.com/PAL. Select applicable Preauthorization and Notification List(s) for medical and procedural coding information.

Medical Terms

Somatuline Depot; lanreotide; acromegaly; gastroenteropancreatic neuroendocrine tumors

References

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6. Somatuline Depot [prescribing information]. Basking Ridge, NJ: Ipsen Biopharmaceuticals, Inc.; updated periodically.

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