

## PHARMACY POLICY STATEMENT

### Indiana Medicaid

DRUG NAME	Injectable somatostatin analogs (First generation): Sandostatin (octreotide), Sandostatin LAR (octreotide), Somatuline depot (lanreotide), Bynfezia Pen (octreotide)
BILLING CODE	J2354/ J2353/ J1930/NDC
BENEFIT TYPE	Medical, except Bynfezia is a pharmacy benefit
SITE OF SERVICE ALLOWED	Office/Outpatient/Home
COVERAGE REQUIREMENTS	



*If member meets all the requirements listed above, the medication will be approved for 6 months.*

For reauthorization :

References:

1. Somatuline Depot (lanreotide acetate) [package insert]. Cambridge, MA: Ipsen Biopharmaceuticals, Inc; 2019.
2. Katznelson L, Laws ER, Melmed S, et al. Acromegaly: An Endocrine Society Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism*. 2014;99(11):3933-3951. doi:10.1210/jc.2014-2700
3. Melmed S, Bronstein MD, Chanson P, et al. A Consensus Statement on acromegaly therapeutic outcomes. *Nature Reviews Endocrinology*. 2018;14(9):552-561. doi:10.1038/s41574-018-0058-5
4. Zahr R, Fleseriu M. Updates in Diagnosis and Treatment of Acromegaly. *Eur Endocrinol*. 2018;14(2):57-61. doi:10.17925/EE.2018.14.2.57
5. Fleseriu M, Biller BMK, Freda PU, et al. A Pituitary Society update to acromegaly management guidelines. *Pituitary*. October 2020. doi:10.1007/s11102-020-01091-7
6. Vinik AI, Wolin EM, Liyanage N, Gomez-Panzani E, Fisher GA; ELECT Study Group \*. EVALUATION OF LANREOTIDE DEPOT/AUTOGEL EFFICACY AND SAFETY AS A CARCINOID SYNDROME TREATME uB4 (ah7)3 (F)-3