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| Division: Pharmacy Policy  | Subject: Prior Authorization Criteria |
| Original Development Date:<br>Original Effective Date:<br>Revision Date: | November 12, 2021<br>January 19, 2022 |

## **OCTREOTIDES & RELATED AGENTS**

**Preferred Drugs:** Octreotide acetate injection

**Non-preferred Drugs:** Mycapssa® (octreotide), Sandostatin® (octreotide acetate), Sandostatin® LAR Depot (octreotide acetate), Signifor® (pasireotide) injection, Signifor® LAR (pasireotide) for injectable suspension, Somatuline® Depot (lanreotide) injection

**LENGTH OF AUTHORIZATION:** Initial therapy: 3 months  
Continuation of therapy: Up to one year

### **INITIAL REVIEW CRITERIA:**

- Medication requested must have the FDA approved indication and the patient must be within the FDA approved age limits.
- Quantity and age limits are located on the Summary of Drug Limitations at the following website:  
[https://ahca.myflorida.com/medicaid/Prescribed\\_Drug/preferred\\_drug.shtml](https://ahca.myflorida.com/medicaid/Prescribed_Drug/preferred_drug.shtml)

### **Acromegaly:**

- Patient must have a confirmed diagnosis of Acromegaly.
- Documented response and tolerability to treatment with octreotide acetate or lanreotide injection prior to use.
- Patient is either ineligible for or has had an inadequate response to surgery or radiation.

### **Carcinoid Tumors or Vasoactive Intestinal Peptide Tumors (VIPomas):**

- Patient must have confirmed diagnosis of Carcinoid Syndrome.
- Patient has severe flushing/diarrhea episodes associated with a metastatic carcinoid tumor.
- Profuse watery diarrhea associated with Vasoactive Intestinal Peptide secreting tumors.
- Baseline flushing episodes  $\geq 3$  daily **OR** baseline stools  $\geq 4$  daily.

### **Cushing's Disease:**

- Patient has a confirmed diagnosis of Cushing's disease.
- Patient is ineligible for pituitary surgery or surgery has not been curative.

### **DOSING AND ADMINISTRATION:**

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>