

PREFERRED SPECIALTY MANAGEMENT POLICY

- POLICY:** Somatostatin Analogs for Acromegaly Preferred Specialty Management Policy
- Lanreotide subcutaneous injection – Cipla
 - Sandostatin[®] LAR Depot (octreotide acetate intramuscular injection – Novartis)
 - Signifor[®] LAR (pasireotide intramuscular injection – Recordati Rare Diseases)
 - Somatuline[®] Depot (lanreotide subcutaneous injection – Ipsen)

REVIEW DATE: 05/22/2024

OVERVIEW

Lanreotide subcutaneous injection, Sandostatin LAR Depot, Signifor LAR, and Somatuline Depot are all somatostatin analogs indicated for the treatment of **acromegaly** in patients who have had an inadequate response to surgery, and/or radiotherapy, or in patients for whom surgery and/or radiotherapy is not an option.¹⁻⁴ Of note, Sandostatin LAR Depot is only indicated in patients who tolerated and had an effective response to initial treatment with octreotide subcutaneous injection. All of the long-acting somatostatin analogs bind to somatostatin receptors and have pharmacologic properties mimicking those of the natural hormone somatostatin. However, the affinity with which each binds to the various subtypes of somatostatin receptors varies.

POLICY STATEMENT

This Preferred Specialty Management program has been developed to encourage the use of the Preferred Product. For all medications (Preferred and Non-Preferred), the patient is required to meet the respective standard *Somatostatin Analogs Prior Authorization Policy* criteria. The program also directs the patient to try the Preferred Product prior to the approval of a Non-Preferred Product. Requests for Non-Preferred Products will also be reviewed using the exception criteria (below). If the patient meets the respective standard *Somatostatin Analogs Prior Authorization Policy* criteria, but has not tried a Preferred Product, a review will be offered for the Preferred Product using the respective standard *Somatostatin Analogs Prior Authorization Policy* criteria. All approvals are provided for the duration noted below.

Automation: None.

Preferred Products: Somatuline Depot
Non-Preferred Products: Lanreotide subcutaneous injection, Sandostatin LAR Depot, Signifor LAR

05/22/2024

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RECOMMENDED EXCEPTION CRITERIA

REFERENCES

1. Somatuline[®] Depot subcutaneous injection [prescribing information]. Basking Ridge, NJ: Ipsen; February 2023.
2. Sandostatin[®] LAR Depot intramuscular injection [prescribing information]. East Hanover, NJ: Novartis; July 2023.
3. Signifor[®] LAR intramuscular injection [prescribing information]. Lebanon, NJ: Recordati Rare Diseases; August 2023.
4. Lanreotide subcutaneous injection [prescribing information]. Warren, NJ: Cipla; September 2023.

