

SOMATULINE DEPOT (lanreotide), LANREOTIDE

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Acromegaly
 - a. Inadequate response or contraindication to surgery or radiotherapy
2. Neuroendocrine tumors (NET)
3. Carcinoid syndrome

AND ONE of the following for NET **ONLY**:

- a. Tumors of the gastrointestinal tract
 - i. Member has distant metastases or unresectable disease
- b. Thymus tumors
 - i. Member has distant metastases or unresectable disease
- c. Lung tumors
 - i. Member has distant metastases or unresectable disease
- d. Pancreatic tumors
 - i. Member has distant metastases or unresectable disease
 - ii. Somatostatin scintigraphy is positive or has hormone-related symptoms
- e. Adrenal gland tumors
 - i. Member has a diagnosis of non-adrenocorticotrophic hormone (non-ACTH) dependent Cushing's syndrome
 - ii. Somatostatin scintigraphy is positive
- f. Poorly differentiated (high-grade)/large or small cell tumors (excluding lung)
 - i. Member has metastatic or unresectable disease
 - ii. Somatostatin scintigraphy is positive or has hormone-related symptoms

SOMATULINE DEPOT (lanreotide), LANREOTIDE

Prior - Approval Limits

Duration 3 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Acromegaly
2. Neuroendocrine tumors (NET)
3. Carcinoid syndrome

AND ONE of the following for NET **ONLY**:

- a. Tumors of the gastrointestinal tract
- b. Thymus tumors
- c. Lung tumors
- d. Pancreatic tumors
- e. Adrenal gland tumors
- f. Poorly differentiated (high-grade)/large or small cell tumors (excluding lung)

AND the following for **ALL** indications:

- a. **NO** disease progression or unacceptable toxicity

Prior - Approval *Renewal* Limits

Duration 12 months