

## Aetna Medicare Part B Drug Criteria

### Lanreotide Injection-Somatuline Depot

This policy is for Aetna Medicare members. [Find the Aetna Commercial Medical Drug Criteria.](#)

For Aetna Medicare members, National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs) will be applied to Part B drug requests when applicable. Aetna Medicare Part B Drug Criteria documents will be used in the absence of an NCD and LCD.

#### POLICY

#### Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Somatuline Depot	lanreotide acetate
Lanreotide Injection	lanreotide acetate

#### Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

#### FDA-approved Indications<sup>1,2</sup>

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

#### Compendial Uses<sup>1-5,8-10</sup>

- Neuroendocrine tumors (NETs):

- NETs of the gastrointestinal (GI) tract, lung, and thymus (carcinoid tumors)
- NETs of the pancreas (islet cell tumors)
- Gastroenteropancreatic neuroendocrine tumors (GEP-NETs)
- Pheochromocytoma/paraganglioma
- Hepatocellular carcinoma
- Thyroid carcinoma
- Thyroid stimulating hormone (TSH)-secreting pituitary adenoma
- Uterine leiomyoma
- Zollinger-Ellison syndrome

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in this criteria should be accompanied by supporting evidence from Medicare approved compendia.

## Documentation

The following documentation must be available, upon request, for all submissions for acromegaly:

- For initial approval: Laboratory report indicating high pretreatment insulin-like growth factor-1 (IGF-1) level and chart notes indicating an inadequate or partial response to surgery or radiotherapy or a clinical reason for not having surgery or radiotherapy.
- For continuation: Laboratory report indicating normal current IGF-1 levels or chart notes indicating that the member's IGF-1 level has decreased or normalized since initiation of therapy.

## Coverage Criteria

### Acromegaly<sup>1,2,6,7</sup>

Authorization of 12 months may be granted for the treatment of acromegaly when all of the following criteria are met:

The requested drug will be covered with prior authorization when one (1) of the following criteria are met:

- Member has a high pretreatment insulin-like growth factor-1 (IGF-1) level for age and/or gender based on the laboratory reference range.
- Member had an inadequate or partial response to surgery or radiotherapy OR there is a clinical reason why the member has not had surgery or radiotherapy.

### Carcinoid Syndrome<sup>1,4</sup>

Authorization of 12 months may be granted for treatment of carcinoid syndrome.

## Neuroendocrine Tumors (NETs)<sup>1,2,4,5,8</sup>

- Authorization of 12 months may be granted for treatment of NETs of the gastrointestinal (GI) tract, lung, and thymus (carcinoid tumors).
- Authorization of 12 months may be granted for treatment of NETs of the pancreas (islet cell tumors) including gastrinomas, glucagonomas, insulinomas, and VIPomas.
- Authorization of 12 months may be granted for treatment of gastroenteropancreatic neuroendocrine tumors (GEP-NETs).

## Pheochromocytoma and Paraganglioma<sup>4</sup>

Authorization of 12 months may be granted for treatment of pheochromocytoma/paraganglioma.

## Hepatocellular Carcinoma<sup>3</sup>

Authorization of 12 months may be granted for treatment of hepatocellular carcinoma.

## Thyroid Carcinoma<sup>3</sup>

Authorization of 12 months may be granted for treatment of thyroid carcinoma.

## Thyroid Stimulating Hormone (TSH)-Secreting Pituitary Adenoma<sup>3,9</sup>

Authorization of 12 months may be granted for treatment of TSH-secreting pituitary adenoma.

## Uterine Leiomyoma<sup>3,10</sup>

Authorization of 12 months may be granted for treatment of uterine leiomyoma.

## Zollinger-Ellison Syndrome<sup>5</sup>

Authorization of 12 months may be granted for treatment of Zollinger-Ellison syndrome.

## Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 12 months may be granted when all of the following criteria are met:

- The member is currently receiving therapy with the requested medication.
- The requested medication is being used to treat an indication in the coverage criteria section.
- The member is receiving benefit from therapy. Benefits are defined as:
  - Acromegaly: decreased or normalized IGF-1 level since initiation of therapy.
  - All other indications: improvement or stabilization of clinical signs and symptoms since initiation of therapy.

## Summary of Evidence

The contents of this policy were created after examining the following resources:

- The package insert for Somatuline Depot.
- The package insert for lanreotide injection.
- The available compendium
  - National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
  - Micromedex DrugDex
  - American Hospital Formulary Service- Drug Information (AHFS-DI)
  - Lexi-Drugs
  - Clinical Pharmacology
- The following professional guidelines:
  - Medical guidelines for the clinical practice for the diagnosis and treatment of acromegaly from the American Association of Clinical Endocrinologists
  - Acromegaly: an endocrine society clinical practice guideline from the Endocrine Society Clinical Guidelines Subcommittee
  - NCCN Guideline: Neuroendocrine and adrenal tumors

After reviewing the information in the above resources, the FDA-approved indications listed in the package insert for Somatuline Depot (lanreotide) and the package insert for lanreotide injection are covered in addition to the following:

- Neuroendocrine tumors (NETs)
  - NETs of the gastrointestinal (GI) tract, lung and thymus
  - NETs of the pancreas (islet cell tumors)
  - gastroenteropancreatic neuroendocrine tumors (GEP-NETs).
- Pheochromocytoma and paraganglioma
- Hepatocellular carcinoma
- Thyroid carcinoma
- Thyroid stimulating hormone (TSH)-secreting pituitary adenoma
- Uterine leiomyoma
- Zollinger-Ellison syndrome

## Explanation of Rationale

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

Support for using Somatuline Depot and lanreotide to treat neuroendocrine tumors, pheochromocytoma, and paraganglioma can be found in the NCCN Drugs and Biologics Compendium. Use of information in the NCCN Drugs and Biologics Compendium for off-label use of drugs and biologicals in an anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).

Support for using Somatuline Depot and lanreotide to treat hepatocellular carcinoma and thyroid carcinoma can be found in the Micromedex DrugDex database. Use of information in the DrugDex database for off-label use of drugs and biologicals in an anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).

Support for using Somatuline Depot and lanreotide to treat thyroid stimulating hormone (TSH)-secreting pituitary adenomas can be found in a study by Gancel and colleagues (1994). In a small study (n=4), single injections of lanreotide 500 micrograms subcutaneously or 30 mg (slow-release formulation) intramuscularly resulted in significant decreases in plasma levels of thyroid-stimulating hormone (TSH) in patients with TSH-secreting pituitary adenomas and related hyperthyroidism. Plasma free thyroxine (fT4) and free triiodothyronine (fT3) were measured after slow-release lanreotide and also showed substantial reductions. Subsequent treatment with slow-release lanreotide 30 mg every 10 to 14 days in these patients was associated with progressive reductions in TSH, fT3, and fT4 for up to 6 months and a corresponding decrease in clinical symptoms. However, there was no change in pituitary adenoma volume during 3 to 6 months of therapy with these doses, which is in contrast to experience with octreotide (decrease in adenoma size in 30% of patients).

Support for using Somatuline Depot and lanreotide to reduce uterine and myoma volume can be found in a small study by DeLeo and colleagues (2001). Administration of lanreotide reduced uterine and myoma volume in 7 fertile women with uterine leiomyomata. Lanreotide 30 mg was administered as a depot formulation on the second day of the menstrual cycle and every 14 days for 3 months. After 3 months of therapy, mean basal uterine volume declined by 24% (p less than 0.05) while mean myoma volume declined by 42% (p less than 0.05) after therapy and 29% (p less than 0.5) 3 months after the end of treatment. During therapy, plasma levels of estradiol and follicle-stimulating hormone did not change. However, mean growth hormone and insulin-like growth factor-I concentrations were significantly reduced (p less than 0.05).

Support for using Somatuline Depot and lanreotide to treat Zollinger-Ellison syndrome can be found in the National Comprehensive Cancer Network's guideline for neuroendocrine and adrenal tumors. The NCCN Guideline supports the use of lanreotide and octreotide long-acting release (LAR) for symptom and tumor control.

Support for utilizing a high pretreatment insulin-like growth factor-1 (IGF-1) as a diagnostic requirement and targeting IGF-1 in patients with acromegaly is supported by two professional guidelines. According to Katznelson et al, the biochemical target goal is an age-normalized IGF-1. An age-normalized IGF-1 signifies control of acromegaly.

According to the Endocrine Society, IGF-1 should be measured and patients with elevated or equivocal serum IGF-1 levels should have the diagnosis confirmed by finding lack of suppression of growth hormone to less than 1 microgram/L following documented hyperglycemia during an oral glucose load. The Endocrine Society also supports the normalization of IGF-1 as the biochemical target goal of therapy with Somatuline Depot. Finally, the studies cited in the package insert for Somatuline Depot

required patients to have an IGF-1 concentration 1.3 times or greater than the upper limit of the normal age-adjusted range.

## References

1. Somatuline Depot [package insert]. Cambridge, NJ: Ipsen Biopharmaceuticals, Inc.; July 2024.
2. Lanreotide injection [package insert]. Warren, NJ: Cipla USA, Inc.; September 2024.
3. IBM Micromedex® DRUGDEX® (electronic version). Micromedex Truven Health Analytics, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com> [available with subscription]. Accessed November 8, 2024.
4. The NCCN Drugs & Biologics Compendium® © 2024 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed November 8, 2024.
5. The NCCN Clinical Practice Guidelines in Oncology® Neuroendocrine and Adrenal Tumors (Version 2.2024). © 2024 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed November 8, 2024.
6. Katznelson L, Laws ER, Melmed S, et al. Acromegaly: an endocrine society clinical practice guideline. J Clin Endocrinol Metab. 2014;99:3933-3951.
7. American Association of Clinical Endocrinologists Acromegaly Guidelines Task Force. Medical guidelines for clinical practice for the diagnosis and treatment of acromegaly – 2011 update. Endocr Pract. 2011;17(suppl 4):1-44.
8. Caplin ME, Pavel M, Cwikla JB, et al. Lanreotide in metastatic enteropancreatic neuroendocrine tumors. N Engl J Med. 2014;371:224-233.
9. Gancel A, Vuillermet P, Legrand A, et al: Effects of a slow-release formulation of the new somatostatin analogue lanreotide in TSH-secreting pituitary adenomas. Clin Endocrinol 1994; 40:421-428.
10. DeLeo V, laMarca A, Morgante G, et al: Administration of somatostatin analogue reduces uterine and myoma volume in women with uterine leiomyomata. Fertil Steril 2001; 75(3):632-633.

## CPT Codes / HCPCS Codes / ICD-10 Codes

Code	Description
<b>Other CPT codes related to the CPB:</b>	
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
<b>HCPCS codes covered if selection criteria are met:</b>	
J1930	Injection, lanreotide, 1 mg
J1932	Injection, lanreotide, (cipla), 1 mg

<b>ICD-10 codes covered if selection criteria are met:</b>	
C22.0	Liver cell carcinoma [Hepatocellular carcinoma]
C25.0- C25.9	Malignant neoplasm of pancreas [including gastrinomas/ glucagonomas/ insulinomas]
C37	Malignant neoplasm of thymus
C73	Malignant neoplasm of thyroid gland [Thyroid carcinoma]
C74.10- C74.12	Malignant neoplasm of medulla of adrenal gland [pheochromocytoma/paraganglioma]
C75.4	Malignant neoplasm of carotid body [paraganglioma]
C75.5	Malignant neoplasm of aortic body and other paraganglia [paraganglioma]
C7A.00	Malignant carcinoid tumor of unspecified site [neuroendocrine tumors (NETs)]
C7A.010- C7A.019	Malignant carcinoid tumors of the small intestine [neuroendocrine tumors (NETs)]
C7A.020- C7A.029	Malignant carcinoid tumors of the appendix, large intestine, and rectum [neuroendocrine tumors (NETs)]
C7A.090- C7A.098	Malignant carcinoid tumors of other sites [neuroendocrine tumors (NETs)]
C7A.1	Malignant poorly differentiated neuroendocrine tumors [neuroendocrine tumors (NETs)]
C7A.8	Other malignant neuroendocrine tumors [neuroendocrine tumors (NETs)] [VIPomas]
C7B.00- C7B.09	Secondary carcinoid tumors
C7B.8	Other secondary neuroendocrine tumors
D13.7	Benign neoplasm of endocrine pancreas [Islet cell tumor] [gastrinomas/ glucagonomas/ insulinomas]
D25.0- D25.9	Leiomyoma of uterus [uterine leiomyoma]
D35.00- D35.02	Benign neoplasm of adrenal gland [pheochromocytoma/paraganglioma]

D35.2	Benign neoplasm of pituitary gland [TSH-secreting pituitary adenoma]
D35.3	Benign neoplasm of craniopharyngeal duct
D35.5	Benign neoplasm of carotid body [paraganglioma]
D35.6	Benign neoplasm of aortic body and other paraganglia [paraganglioma]
D44.6	Neoplasm of uncertain behavior of carotid body [paraganglioma]
D44.7	Neoplasm of uncertain behavior of aortic body and other paraganglia [paraganglioma]
D3A.00- D3A.098	Benign carcinoid tumors [neuroendocrine tumors (NETs)]
D3A.8	Other benign neuroendocrine tumors [neuroendocrine tumors (NETs)]
E16.4	Increased secretion of gastrin [ Zollinger-Ellison syndrome]
E16.8	Other specified disorders of pancreatic internal secretion [VIPomas]
E22.0	Acromegaly and pituitary gigantism [inadequate or partial response to or cannot be treated with surgery or radiotherapy]
E34.00- E34.09	Carcinoid syndrome

### Revision History

Date	Version	Update	Revisions
01/01/2024	2023	New Criteria	Policy effective.
05/17/2024	2024	Annual Review	Medicare Utilization Management Committee approved.
05/02/2025	2025	Annual Review	Medicare Utilization Management Committee approved.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.