This policy applies to the following:

	Standard Control (SF)		Managed Medicaid Template (MMT)		ACSF Chart (ACSFC)	✓	Medical Benefit		Medicare Part B
	Standard Control – Choice (SCCF)		Marketplace (MF)		SF Chart (SFC)		Medical: Advanced Biosimilars First		Medicare Part B: Biosimilars First
	Preferred Drug Plan Design (PDPD)		Aetna Health Exchange (AHE)		VF Chart (VFC)		Medical Benefit: Managed Medicaid		Medicare Part B: Advanced Biosimilars First
	Advanced Control Specialty (ACSF)		IVL		New to Market (NTM)		Medical Benefit: Add-on		
	Advanced Control Specialty – Choice (ACSCF)		Value (VF)						

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EXCEPTIONS CRITERIA

ACROMEGALY PRODUCTS

PREFERRED PRODUCTS: SANDOSTATIN LAR, SOMATULINE DEPOT

POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to the acromegaly products specified in this policy. Coverage for a targeted product is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Acromegaly Products

	Product(s)
Preferred*	• **Sandostatin LAR** (octreotide acetate for injectable suspension) • **Somatuline Depot** (lanreotide)
Targeted	• **lanreotide injection** • **Signifor LAR** (pasireotide injectable suspension) • **Somavert** (pegvisomant)

*: Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

II. EXCEPTION CRITERIA

This program applies to members requesting treatment for an indication that is FDA-approved for both of the preferred products.

A. lanreotide injection

Coverage for the targeted product is provided when all of the following criteria are met:

1. The member has had a documented intolerable adverse event to Somatuline Depot, and the adverse event was not an unexpected adverse event attributed to the active ingredient as described in the prescribing information.
2. The member has a documented inadequate response or intolerable adverse event to Sandostatin LAR.

B. Signifor LAR, Somavert

Coverage for a targeted product is provided when the member has had a documented inadequate response or intolerable adverse event to any of the preferred products.

This policy applies to the following:

	Standard Control (SF)		**Managed Medicaid Template (MMT)**		**ACSF Chart (ACSFC)**	✓	**Medical Benefit**		**Medicare Part B**
	Standard Control – Choice (SCCF)		**Marketplace (MF)**		**SF Chart (SFC)**		**Medical: Advanced Biosimilars First**		**Medicare Part B: Biosimilars First**
	Preferred Drug Plan Design (PDPD)		**Aetna Health Exchange (AHE)**		**VF Chart (VFC)**		**Medical Benefit: Managed Medicaid**		**Medicare Part B: Advanced Biosimilars First**
	Advanced Control Specialty (ACSF)		**IVL**		**New to Market (NTM)**		**Medical Benefit: Add-on**		
	Advanced Control Specialty – Choice (ACSCF)		**Value (VF)**						

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REFERENCES

1. Somatuline Depot [package insert]. Basking Ridge, NJ: Ipsen Biopharmaceuticals, Inc.; February 2023.
2. Sandostatin LAR Depot [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; July 2023.
3. Signifor LAR [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Company; June 2020.
4. Somavert [package insert]. New York, NY: Pharmacia & Upjohn Co; July 2023.
5. Lanreotide injection [package insert]. Warren, NJ: Cipla USA, Inc.; December 2021.