Lanreotide:
Somatuline® Depot; Lanreotide
(Subcutaneous)

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I. Length of Authorization

- Initial: Prior authorization validity will be provided initially for 6 months.
- Renewal:
  - Acromegaly: Prior authorization validity may be renewed every 12 months thereafter.
  - All other indications: Prior authorization validity may be renewed every 6 months thereafter.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

- **Acromegaly**
  - 120 billable units every 28 days
- **All Other Indications**
  - 120 billable units every 14 days

III. Initial Approval Criteria [1-3]

Prior authorization validity is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

Universal Criteria

- Patient has not received a long-acting somatostatin analog within the last 4 weeks; **AND**

Acromegaly † Φ [1,2,5,6,9]

- Patient's diagnosis is confirmed by one of the following:
  - Unequivocally elevated (age-adjusted) serum insulin-like growth factor-1 (IGF-1); **OR**

- Equivocally elevated (age-adjusted) serum IGF-1 AND inadequate suppression of growth hormone (GH) after a glucose load; **AND**

- Patient has documented inadequate response to surgery and/or radiotherapy or it is not an option for the patient; **AND**
- Baseline GH and IGF-1 blood levels have been obtained (renewal will require reporting of current levels); **AND**
- Will not be used in combination with oral octreotide

Gastroenteropancreatic Neuroendocrine Tumors (GEP-NETs) † Φ [1,2]

- Patient has unresectable, locally advanced or metastatic disease; **AND**
- Patient has non-functioning tumors without hormone-related symptoms; **AND**
- Patient has well or moderately differentiated disease

Carcinoid Syndrome † ‡ Φ [1-3]

- Patient has documented neuroendocrine tumors with a history of carcinoid syndrome (flushing and/or diarrhea); **AND**
  - Used to reduce the frequency of short-acting somatostatin analog rescue therapy; **OR**
  - Used for treatment and/or control of symptoms

Neuroendocrine and Adrenal Tumors ‡ [3,8]

- Used for symptom and/or tumor control of lung or thymic disease*; **AND**
  - Used for somatostatin receptor (SSTR) positive disease and/or hormonal symptoms; **AND**
    - Used in one of the following treatment settings:
      - Used as first-line therapy; **OR**
      - Used as subsequent therapy (as alternate first-line therapy) if progression on first-line therapy; **AND**
    - Patient has one of the following:
      - Recurrent and/or locoregional unresectable disease; **OR**
      - Recurrent and/or distant metastatic disease; **AND**
        - Patient has asymptomatic disease with low tumor burden and low grade (typical carcinoid) histology *(**Note**: Only applies to use as first-line therapy)*; **OR**
        - Patient has clinically significant tumor burden and low grade (typical carcinoid) histology; **OR**
        - Patient has evidence of disease progression; **OR**
        - Patient has intermediate grade (atypical carcinoid) histology; **OR**
        - Patient has symptomatic disease; **OR**

- Used for symptom control of multiple lung nodules or tumorlets and evidence of diffuse idiopathic pulmonary neuroendocrine cell hyperplasia (DIPNECH); **AND**
  - Used as first-line therapy if chronic cough/dyspnea is not responsive to inhalers or conventional treatment; **OR**
- Used for symptom and/or tumor control of recurrent, locoregional advanced and/or distant metastatic disease of the gastrointestinal tract*; **AND**
  - Used as a single agent if patient has low tumor burden; **AND**
    - Surgical cytoreduction of metastases is not possible; **OR**
  - Used as a single agent or in combination with alternative front-line therapy if patient has a clinically significant tumor burden; **AND**
    - Surgical cytoreduction of metastases is not possible; **OR**
  - Used as a single agent for disease progression following resection if not already receiving lanreotide; **OR**
  - Used as subsequent therapy as a single agent or in combination with subsequent therapy options for clinically significant disease progression; **OR**
  - Used at above label dosing after clinical, symptomatic, or radiographic progression on standard doses if SSTR-positive; **OR**
- Used for symptom and/or tumor control of neuroendocrine tumors of the pancreas (well differentiated grade 1/2)*; **AND**
  - Patient has locoregional gastrinoma, glucagonoma, or Vasoactive Intestinal Peptide tumors (VIPoma); **OR**
  - Patient has locoregional insulinoma; **AND**
    - Disease is SSTR-positive; **OR**
  - Used at above label dosing after clinical, symptomatic or radiographic progression on standard doses if SSTR-positive; **OR**
  - Patient has recurrent or locoregional advanced and/or distant metastatic disease; **AND**
    - Used for one of the following tumor types:
      - Gastrinoma; **OR**
      - Glucagonoma; **OR**
      - SSTR-positive Insulinoma; **OR**
      - VIPoma; **AND**
    - Used for one of the following:
      - As a single agent if patient is asymptomatic with a low tumor burden and stable disease; **OR**
      - As a single agent if patient is symptomatic, has clinically significant tumor burden, or has clinically significant progression AND not already receiving lanreotide**; OR**

  - Used in combination with alternative front-line therapy for symptomatic disease, clinically significant tumor burden, or clinically significant progression**; OR**

- Used for treatment of symptoms and/or tumor control of well-differentiated grade 3 neuroendocrine tumors; **AND**
  - Patient has SSTR-positive disease and/or hormonal symptoms; **AND**
  - Patient has unresectable locally advanced or metastatic disease with favorable biology (e.g., relatively low Ki-67 [<55%], slow growing, positive SSTR-based PET imaging); **OR**
- Patient has pheochromocytoma or paraganglioma; **AND**
  - Used as treatment for secreting tumors for hormone excess and symptom control; **AND**
  - Patient has locally unresectable or distant metastatic disease; **AND**
  - Patient has SSTR-positive disease

**For clinically significant disease progression, treatment with lanreotide should be continued in patients with functional tumors only.*

† FDA Approved Indication(s), **‡** Compendia Approved Indication(s); **Φ** Orphan Drug

IV. Renewal Criteria [1,2]

Prior authorization validity can be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: cholelithiasis (gallstones) and complications of cholelithiasis (e.g., cholecystitis, cholangitis, pancreatitis, etc.), cardiovascular abnormalities (e.g., bradycardia, sinus bradycardia, and hypertension), uncontrolled blood glucose abnormalities (hyperglycemia or hypoglycemia), thyroid disorders (hypothyroidism), malabsorption of dietary fats (steatorrhea, stool discoloration, loose stools, etc.) etc.; **AND**

Acromegaly [1,2,4-6]

- Disease response as indicated by an improvement in signs and symptoms compared to baseline; **AND**
  - Reduction of growth hormone (GH) from pre-treatment baseline; **OR**
  - Age-adjusted normalization of serum IGF-1

Gastroenteropancreatic Neuroendocrine Tumors (GEP-NETs) [1,2]

- Disease response with treatment as indicated by an improvement in symptoms including reduction in symptomatic episodes (such as diarrhea, rapid gastric dumping, flushing, bleeding, etc.) and/or stabilization of glucose levels and/or decrease in size of tumor or tumor spread

Carcinoid Syndrome [1-3]

- Disease response with treatment as indicated by reduction in use of short-acting somatostatin analog rescue medication (e.g., octreotide) and a decrease in the frequency of diarrhea and flushing events, when compared to baseline

Neuroendocrine and Adrenal Tumors [3,8]

- Disease response with treatment as indicated by an improvement in symptoms including reduction in symptomatic episodes (such as diarrhea, rapid gastric dumping, flushing, bleeding, etc.) and/or stabilization of glucose levels and/or decrease in size of tumor or tumor spread; **OR**
- Patient has had disease progression and therapy will be continued in patients with functional tumors

V. Dosage/Administration [1,2,8]

Indication	Dose
Acromegaly	▪ Recommended starting dose is 90 mg administered by deep subcutaneous injection every 4 weeks for 3 months, adjusted thereafter based on GH and/or IGF-1 levels: – GH >1 to ≤ 2.5 ng/mL, IGF-1 normal, and clinical symptoms controlled: maintain dose at 90 mg every 4 weeks – GH > 2.5 ng/mL, IGF-1 elevated, and/or clinical symptoms uncontrolled, increase dose to 120 mg every 4 weeks – GH ≤ 1 ng/mL, IGF-1 normal, and clinical symptoms controlled: reduce dose to 60 mg every 4 weeks
GEP-NETs, Carcinoid Syndrome, Neuroendocrine & Adrenal Tumors (Lung/ Thymus, DIPNECH, well-differentiated grade 3, and Pheochromocytoma/ Paraganglioma)	▪ 120 mg administered every 4 weeks by deep subcutaneous injection
Neuroendocrine & Adrenal Tumors of the GI Tract or Pancreas	<u>Standard dose:</u> ▪ 120 mg administered every 4 weeks by deep subcutaneous injection <u>Above label dosing (after progression on standard dose):</u> ▪ 120 mg administered every 2 weeks by deep subcutaneous injection

VI. Billing Code/Availability Information

HCPCS Code(s):

- J1930 – Injection, lanreotide, 1 mg; 1 billable unit = 1 mg *(Somatuline Depot only)*
- J1932 – Injection, lanreotide (cipla), 1 mg; 1 billable unit = 1 mg *(Lanreotide branded product only)* **Ψ**

NDC(s):

- Somatuline Depot* 60 mg/0.2 mL prefilled syringe: 15054-1060-xx
- Somatuline Depot* 90 mg/0.3 mL prefilled syringe: 15054-1090-xx
- Somatuline Depot* 120 mg/0.5 mL prefilled syringe: 15054-1120-xx
- Lanreotide Depot 60 mg/0.2 mL prefilled syringe: 69097-0880-xx **Ψ**
- Lanreotide Depot 90 mg/0.3 mL prefilled syringe: 69097-0890-xx **Ψ**
- Lanreotide Depot 120 mg/0.5 mL prefilled syringe: 69097-0870-xx **Ψ**

- ***Available generically through various manufacturers*
- ***Ψ** Designated products approved by the FDA as a 505(b)(2) NDA of the innovator product. These products may be available from several different manufacturers. For a complete list of all available products and NDCs please reference the FDA website at National Drug Code Directory for lanreotide. These products are not rated as therapeutically equivalent to their reference listed drug in the Food and Drug Administration's (FDA) Orange Book and are therefore considered single source products based on the statutory definition of "single source drug" in section 1847A(c)(6) of the Act. For a complete list of all approved 505(b)(2) NDA products please reference the latest edition of the Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book | FDA*

VII. References

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2. Lanreotide [package insert]. Warren, NJ; Cipla USA Inc.; September 2024. Accessed October 2025.
3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for lanreotide. National Comprehensive Cancer Network, 2025. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc." To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed October 2025.
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Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	No: PA not a priority
Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C25.4	Malignant neoplasm of endocrine pancreas
C7A.00	Malignant carcinoid tumor of unspecified site

ICD-10	ICD-10 Description
C7A.010	Malignant carcinoid tumor of the duodenum
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.020	Malignant carcinoid tumor of the appendix
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.090	Malignant carcinoid tumor of the bronchus and lung
C7A.091	Malignant carcinoid tumor of the thymus
C7A.092	Malignant carcinoid tumor of the stomach
C7A.093	Malignant carcinoid tumor of the kidney
C7A.094	Malignant carcinoid tumor of the foregut, unspecified
C7A.095	Malignant carcinoid tumor of the midgut, unspecified
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified
C7A.098	Malignant carcinoid tumors of other sites
C7A.8	Other malignant neuroendocrine tumors
C7B.00	Secondary carcinoid tumors, unspecified site
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.03	Secondary carcinoid tumors of bone
C7B.04	Secondary carcinoid tumors of peritoneum
C7B.09	Secondary carcinoid tumors of other sites
C7B.8	Other secondary neuroendocrine tumors
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland

ICD-10	ICD-10 Description
C74.91	Malignant neoplasm of unspecified part of right adrenal gland
C74.92	Malignant neoplasm of unspecified part of left adrenal gland
C75.5	Malignant neoplasm of aortic body and other paraganglia
D3A.00	Benign carcinoid tumor of unspecified site
D3A.010	Benign carcinoid tumor of the duodenum
D3A.011	Benign carcinoid tumor of the jejunum
D3A.012	Benign carcinoid tumor of the ileum
D3A.019	Benign carcinoid tumor of the small intestine, unspecified portion
D3A.020	Benign carcinoid tumor of the appendix
D3A.021	Benign carcinoid tumor of the cecum
D3A.022	Benign carcinoid tumor of the ascending colon
D3A.023	Benign carcinoid tumor of the transverse colon
D3A.024	Benign carcinoid tumor of the descending colon
D3A.025	Benign carcinoid tumor of the sigmoid colon
D3A.026	Benign carcinoid tumor of the rectum
D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion
D3A.090	Benign carcinoid tumor of the bronchus and lung
D3A.091	Benign carcinoid tumor of the thymus
D3A.092	Benign carcinoid tumor of the stomach
D3A.094	Benign carcinoid tumor of the foregut, unspecified
D3A.095	Benign carcinoid tumor of the midgut, unspecified
D3A.096	Benign carcinoid tumor of the hindgut, unspecified
D3A.098	Benign carcinoid tumors of other sites
E16.1	Other hypoglycemia
E16.3	Increased secretion of glucagon
E16.8	Other specified disorders of pancreatic internal secretion
E22.0	Acromegaly and pituitary gigantism
E34.00	Carcinoid syndrome, unspecified
E34.01	Carcinoid heart syndrome
E34.09	Other carcinoid syndrome
Z85.020	Personal history of malignant carcinoid tumor of stomach
Z85.030	Personal history of malignant carcinoid tumor of large intestine

ICD-10	ICD-10 Description
Z85.040	Personal history of malignant carcinoid tumor of rectum
Z85.060	Personal history of malignant carcinoid tumor of small intestine
Z85.07	Personal history of malignant neoplasm of pancreas
Z85.110	Personal history of malignant carcinoid tumor of bronchus and lung
Z85.230	Personal history of malignant carcinoid tumor of thymus
Z85.858	Personal history of malignant neoplasm of other endocrine glands

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC