



Octreotide Acetate for Injectable Suspension
(Sandostatin LAR Depot[®])

Policy Number: M-0042

Revision: 1

Last Update 8/30/2013

Payment will not be made for any use of these drugs outside of the criteria without prior authorization. The member may not be billed unless the member explicitly agrees in writing to be responsible for the charges in accordance with the contract/provider manual. Prior authorization will only be given if the provider demonstrates the intended use meets Medicare coverage guidelines.

Coverage Guidelines:

Octreotide Acetate for Injectable Suspension (Sandostatin LAR Depot[®]):
FDA

1. Acromegaly, Inadequate response to or ineligible for surgery, radiation, or bromocriptine mesylate
2. Carcinoid syndrome, Metastatic; symptomatic treatment
3. Vasoactive intestinal peptide-secreting tumor, associated diarrhea

Off-Label

1. AIDS - Diarrhea
2. Bleeding esophageal varices
3. Bowel obstruction
4. Breast cancer
5. Cardiomyopathy
6. Chylothorax
7. Colorectal cancer
8. Cryptosporidiosis
9. Cushing's syndrome
10. Diabetes mellitus
11. Diabetic retinopathy; Prophylaxis
12. Diarrhea - Graft versus host disease
13. Disorder of colon - Hemorrhage of colon - Portal hypertension
14. Drug-induced hyperinsulinemia



15. Drug-induced hypoglycemia
16. Dumping syndrome
17. Gastrointestinal fistula
18. Glucagonoma
19. Hypercalcemia; Adjunct
20. Hypotension, Postprandial
21. Hypothalamic obesity
22. Insulinoma
23. Liver carcinoma, Advanced
24. Lymphorrhea
25. Macular retinal edema
26. Malignant tumor of thymus
27. Mesenteric vascular insufficiency
28. Necrotizing pancreatitis, acute; Adjunct
29. Neonatal hypoglycemia
30. Neoplasm of gastrointestinal tract - Neoplasm of pancreas
31. Neuroendocrine tumor; Adjunct
32. Neuroendocrine tumor - Nuclear medicine imaging procedure
33. Non-infective diarrhea
34. Pancreatic pleural effusion
35. Peptic ulcer disease; Adjunct
36. Pituitary adenoma
37. Pleural effusion associated with hepatic disorder
38. Polycystic ovary syndrome
39. Polyostotic fibrous dysplasia of bone; Adjunct
40. Postoperative acute pancreatitis; Prophylaxis
41. Post-prandial hypoglycemia
42. Prolactinoma
43. Pseudocyst of pancreas
44. Psoriasis
45. Rheumatoid arthritis
46. Short bowel syndrome
47. Small intestinal dysmotility - Systemic sclerosis



- 48. Thyrotropin overproduction
- 49. Toxic diffuse goiter with exophthalmos
- 50. Tumor-induced osteomalacia
- 51. Upper gastrointestinal hemorrhage
- 52. von Willebrand disorder
- 53. Zollinger-Ellison syndrome; Adjunct

Coding Information:

HCPCS Code(s)

J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG
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ICD-9 Codes that Support Medical Necessity

The correct use of an ICD-9-CM code listed in the “ICD-9 Codes that Support Medical Necessity” section does not guarantee coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this LCD.

ICD-9 codes must be coded to the highest level of specificity. Consult the ‘Official ICD-9-CM Guidelines for Coding and Reporting’ in the current ICD-9-CM book for correct coding guidelines. This LCD does not take precedence over the Correct Coding Initiative (CCI).

042	HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE
157.4	MALIGNANT NEOPLASM OF ISLETS OF LANGERHANS
196.9	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES SITE UNSPECIFIED
209.00-209.03	MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION - MALIGNANT CARCINOID TUMOR OF THE ILEUM
209.10-209.17	MALIGNANT CARCINOID TUMOR OF THE LARGE INTESTINE, UNSPECIFIED PORTION - MALIGNANT CARCINOID TUMOR OF THE RECTUM
209.20-209.29	MALIGNANT CARCINOID TUMOR OF UNKNOWN PRIMARY SITE - MALIGNANT CARCINOID TUMOR OF OTHER SITES
211.7	BENIGN NEOPLASM OF ISLETS OF LANGERHANS
253.0	ACROMEGALY AND GIGANTISM
259.2	CARCINOID SYNDROME

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787.91	DIARRHEA
E930.7	ANTINEOPLASTIC ANTIBIOTICS CAUSING ADVERSE EFFECTS IN THERAPEUTIC USE
E933.1	ANTINEOPLASTIC AND IMMUNOSUPPRESSIVE DRUGS CAUSING ADVERSE EFFECTS IN THERAPEUTIC USE

ICD-9 Codes that DO NOT Support Medical Necessity

Any ICD-9-CM code that is not listed in the “ICD-9 Codes that Support Medical Necessity” section of this LCD.

Indications and Limitations:

FDA

1. Acromegaly – Treatment of acromegalic patients who have had an inadequate response to surgery and/or radiotherapy, or for whom surgery and/or radiotherapy is not an option.
2. Carcinoid tumors - Treatment of the severe diarrhea and flushing episodes associated with metastatic carcinoid tumors.
3. Vasoactive Intestinal Polypeptide–Tumors (VIPomas) - Treatment of the profuse watery diarrhea associated with VIP-secreting tumors.

Off Label

1. Reduction of the incidence and severity of the postoperative complications of high-risk pancreatic surgery, (e.g., abscess formation and subsequent sepsis, acute pancreatitis, pancreatic fistula, and peripancreatic fluid collection.)
2. Controlling bleeding and early rebleeding and to reduce transfusion requirements in patients with bleeding gastroesophageal varices associated with cirrhosis. (With an appropriate adjunctive therapeutic intervention such as sclerotherapy.)
3. Reversal of life-threatening hypotension due to carcinoid crisis during induction of anesthesia.
4. Palliative treatment of the symptoms resulting from hyperinsulinemia from severe refractory metastatic insulinoma.
5. Treatment of severe secretory diarrhea in AIDS patients who have failed to respond to antimicrobial or antimotility agents.
6. Treatment of chemotherapy–induced diarrhea.

Background:

Octreotide acetate for injectable suspension, similar to somatostatin, functions to remove excess hormone secretions that impact various important metabolic activities.



Definitions:

HCPCS Code—Healthcare Common Procedure Coding System - A system of letter and number codes assigned to procedures, medications, supplies and equipment used for pricing and billing.

ICD-9 Code—International Classification of Disease, 9th edition. A standardized classification of disease, injuries, and causes of death, by etiology and anatomic localization and codified into a 6-digit number, which allows clinicians, statisticians, politicians, health planners and others to speak a common language, both US and internationally.

References:

1. Local Coverage Determination for Drugs and Biologicals: Octreotide Acetate for Injectable Suspension (L30032) (Revision 2 4/15/13). Available at <http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=30032&ContrId=213&ver=24&ContrVer=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Alabama&CptHcpcsCode=J2353&bc=gAAAABAAAAAAAA%3d%3d&>. Accessed August 30, 2013.
2. Micromedex Website. Available at: http://www.thomsonhc.com.ezproxy.samford.edu/micromedex2/librarian/ND_T/evidencexpert/ND_PR/evidencexpert/CS/9F694C/ND_AppProduct/evidencexpert/DUPLICATIONSHIELDSYNC/EB1D81/ND_PG/evidencexpert/ND_B/evidencexpert/ND_P/evidencexpert/PFActionId/evidencexpert.DisplayDrugdexDocument?docId=0508&contentSetId=31&title=Octreotide+Acetate&servicesTitle=Octreotide+Acetate&topicId=clinicalApplicationsSection&subtopicId=therapeuticUsesSection. Accessed November 07, 2012.
3. Sandostatin LAR Depot[®] [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; 2011.

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