



**GEORGIA MEDICAID FEE-FOR-SERVICE
ACROMEGALY AGENTS PA SUMMARY**

Preferred	Non-Preferred
Octreotide generic Sandostatin LAR (octreotide extended-release)	Signifor LAR (pasireotide extended-release) Somatuline Depot (lanreotide extended-release) Somavert (pegvisomant)

LENGTH OF AUTHORIZATION: 1 Year

NOTES:

- **The criteria details below are for the outpatient pharmacy program.** If an injectable medication is being administered in a clinic or physician’s office, then the criteria information below does not apply. Instead, the clinic or physician’s office must bill the injectable medication through the DCH physician’s injectable program and not the outpatient pharmacy program. Please go to the Registered User portion of the Georgia Health Partnership website at www.mmis.georgia.gov.
- Preferred and non-preferred agents require prior authorization.

PA CRITERIA:

Octreotide Generic

- ❖ Approvable for members 18 years of age or older with a diagnosis of acromegaly who have had an inadequate response to surgery or radiation, or who are not candidates for surgery and radiation.
- ❖ Approvable for members 18 years of age or older with a diagnosis of severe diarrhea and flushing episodes (carcinoid syndrome) associated with carcinoid tumors.
- ❖ Approvable for members 18 years of age or older with a diagnosis of profuse watery diarrhea associated with vasoactive intestinal peptide tumors (VIPomas).
- ❖ Approvable for members 18 years of age or older with a diagnosis of chronic diarrhea associated with HIV/AIDS when infectious causes of diarrhea have been ruled out and the member has experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with antimotility agents (loperamide [Imodium], diphenoxylate/atropine [Lomotil]).

Sandostatin LAR

- ❖ Approvable for members 18 years of age or older with a diagnosis of acromegaly, severe diarrhea and flushing episodes (carcinoid syndrome) associated with carcinoid tumors or profuse watery diarrhea associated with VIPomas who have responded to and tolerated octreotide (Sandostatin).

Signifor LAR

- ❖ Approvable for members 18 years of age or older with a diagnosis of acromegaly who have had an inadequate response to surgery or radiation, or who are not candidates for surgery and



radiation, and who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with octreotide (Sandostatin, Sandostatin LAR).

- ❖ Approvable for members 18 years of age or older with a diagnosis of Cushing's syndrome who pituitary surgery is not an option or has not been curative.

Somatuline Depot

- ❖ Approvable for members 18 years of older with a diagnosis of acromegaly who have had an inadequate response to surgery or radiation, or who are not candidates for surgery and radiation, and member must have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with octreotide (Sandostatin, Sandostatin LAR).
- ❖ Approvable for members 18 years or older with a diagnosis of carcinoid gastroenteropancreatic neuroendocrine tumors (GEP-NETs) whose tumors are unresectable, well- or moderately-differentiated, locally advanced or metastatic.
- ❖ Approvable for members 18 years or older with a diagnosis of severe diarrhea and flushing episodes (carcinoid syndrome) associated with carcinoid tumors, and member must have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with octreotide (Sandostatin, Sandostatin LAR).

Somavert

- ❖ Approvable for members 18 years of age or older with a diagnosis of acromegaly who have had an inadequate response to surgery or radiation, or who are not candidates for surgery and radiation, and who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with octreotide (Sandostatin, Sandostatin LAR).

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.