

**BYNFEZIA (octreotide, SQ)
octreotide (SANDOSTATIN)**

Diagnoses Considered for Coverage:

- Acromegaly
- Carcinoid syndrome/tumor
- Vasoactive intestinal peptide tumors (VIPomas) associated diarrhea

Coverage Criteria:

1. For acromegaly:

- Prescribed or recommended by an endocrinologist, **and**
- Dose does not exceed 1500 mcg per day.

Coverage Duration: length of benefit

2. For carcinoid tumor or VIPomas:

Initial Treatment

- Dose does not exceed 1500 mcg per day (for carcinoid tumor), 450 mcg per day (for VIPomas)

Coverage Duration: 2 weeks

Reauthorization

- Patient is responding to therapy, **and**
- Dose does not exceed 1500 mcg per day (for carcinoid tumor), 450 mcg per day (for VIPomas)

Coverage Duration: 6 months

Coverage Duration: see above

Effective: 10/06/2020