

## octreotide depot (Sandostatin LAR)

### Medicare Part B Drug Policy

- Medicare coverage is limited to items and services that are reasonable and necessary for the diagnosis or treatment of an illness or injury (and within the scope of a Medicare benefit category).
- Medicare Benefit Policy Manual - Pub. 100-02, Chapter 15, Section 50, describes national policy regarding Medicare guidelines for coverage of drugs and biologicals.
- Blue Shield of California (BSC) follows Medicare statutes, regulations, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and policy articles for determining coverage for Part B drug requests when applicable.
- BSC Medicare Part B Drug Policies will be used when coverage criteria are not fully established or there is an absence of any applicable Medicare statutes, regulations, NCDs or LCDs.

### Drug Details

**USP Category:** HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

**Mechanism of Action:** a synthetic polypeptide structurally and pharmacologically related to somatostatin (growth hormone [somatropin] release inhibiting factor)

**HCPCS:**

J2353:Injection, octreotide, depot form for intramuscular injection, 1 mg

**How Supplied:**

Single-use kits containing a 6-mL vial of 10 mg, 20 mg or 30 mg strength, a syringe containing 2 mL of diluent, one vial adapter, and one sterile 1½" 20 gauge safety injection needle.

### Condition(s) listed in policy (*see coverage criteria for details*)

- Acromegaly
- Chemotherapy-Induced Diarrhea-Treatment
- Dumping Syndrome
- Malignant Intestinal Obstruction
- Radiation-Induced Diarrhea
- Zollinger-Ellison Syndrome / Gastrinoma

Any request for a condition not listed in policy must meet the definition of a medically accepted indication. Section 1861(t)(2)(B) of the Act defines "medically-accepted indication," as any use of a prescription drug or biological product which is approved under the Federal Food, Drug, and Cosmetic Act, or the use of which is supported by one or more citations included (or approved for inclusion) in one or more of the CMS approved compendia.

### Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

Request to use this drug for oncology-related indications should be directed to Evolent. Evolent policies used to make medical necessity determinations can be found here: [Blue Shield Oncology-Related Medication Policies](#).

Providers may access Evolent's [CarePro Provider Portal](#) to submit a prior authorization request.

**J2354 Sandostatin non-depot given by subcutaneous injection:** This is on Noridian's Self-Administered Drug Exclusion list and only covered under Part D

### **Coverage Criteria**

**The following condition(s) require Prior Authorization/Preservice.**

#### **Acromegaly**

**Meets medical necessity if all the following are met:**

1. Being prescribed by or recommended by an endocrinologist

#### **Covered Doses:**

Up to 40 mg every 4 weeks

#### **Coverage Period:**

yearly dependent upon patient response

#### **ICD-10:**

E22.0, E34.4

#### **Chemotherapy-Induced Diarrhea-Treatment**

**Meets medical necessity if all the following are met:**

#### **Covered Doses:**

up to 40 mg every 4 weeks

#### **Coverage Period:**

yearly dependent upon patient response

#### **ICD-10:**

Encounter Code for Chemotherapy Z51.11 + Diarrhea K52.2, K52.89, or R19.7; OR J9XXX + K52.2, K52.89, or R19.7

#### **Dumping Syndrome**

**Meets medical necessity if all the following are met:**

#### **Covered Doses:**

Up to 666 mcg/day

#### **Coverage Period:**

yearly dependent upon patient response

#### **ICD-10:**

K91.1

#### **Malignant Intestinal Obstruction**

**Meets medical necessity if all the following are met:**

#### **Covered Doses:**

Up to 40 mg every 4 weeks

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**Coverage Period:**

yearly dependent upon patient response

**ICD-10:**

K50.012-K56.69

**Radiation-Induced Diarrhea**

**Meets medical necessity if all the following are met:**

**Covered Doses:**

Up to 30 mg intramuscularly every 4 weeks

**Coverage Period:**

yearly dependent upon patient response

**ICD-10:**

Encounter for radiotherapy Z51.0, with Diarrhea: K52.2, K52.89, R19.7 OR Effects of radiation, unspecified: T66XXA

**Zollinger-Ellison Syndrome / Gastrinoma**

**Meets medical necessity if all the following are met:**

**Covered Doses:**

Up to 60 mg every 4 weeks

**Coverage Period:**

yearly dependent upon patient response

**ICD-10:**

D3A.092, E16.4

**Additional Information****Summary of Evidence**

The contents of this policy were created after examining the following resources:

1. The prescribing information for Sandostatin LAR
2. CMS approved compendium in accordance with the accepted compendia ratings listed:
  - a. Micromedex DrugDex - Class I, Class IIa, of Class IIb
  - b. American Hospital Formulary Service-Drug Information (AHFS-DI) - supportive narrative text
  - c. National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium - Category 1 or 2A
  - d. Lexi-Drugs – “Use: Off-Label” and rated as “Evidence Level A”
  - e. Clinical Pharmacology - supportive narrative text
3. Noridian Healthcare Solutions Medicare: Drugs, Biologics and Injections
4. NCCN Guideline: Palliative Care
5. International Consensus on the Diagnosis and Management of Dumping Syndrome (2020).

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Sandostatin LAR are covered in addition to the following:

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- Chemotherapy-Induced Diarrhea-Treatment
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- Malignant Intestinal Obstruction
- Radiation-Induced Diarrhea
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**Explanation of Rationale:**

- Support for FDA-approved indications can be found in the manufacturer's prescribing information.
- Beginning January 1, 2019, the Centers for Medicare & Medicaid Services (CMS) provided Medicare Advantage (MA) plans the option of applying step therapy for physician-administered and other Part B drugs to lower costs and improve the quality of care for Medicare beneficiaries.
- Support for the listed indications is found in the National Comprehensive Cancer Network's (NCCN) Drugs and Biologics Compendium. Use of information in the NCCN Drugs and Biologics Compendium for off-label use of drug and biologic medications in an anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).
  - Chemotherapy-Induced Diarrhea-Treatment
  - Malignant Intestinal Obstruction
  - Radiation-Induced Diarrhea
  - Zollinger-Ellison Syndrome / Gastrinoma / Glucagonoma / Insulinoma
- Support for using Sandostatin LAR for Dumping Syndrome is found in the International Consensus on the Diagnosis and Management of Dumping Syndrome (2020). These evidence-based guidelines support the use of somatostatin analogues as the preferred treatment option for patients with well-established dumping syndrome who do not respond to initial dietary modifications (with or without acarbose treatment); varying support is available for both short-acting and long-acting formulations of octreotide. Furthermore, on its Treatment of Dumping Syndrome Health Information resource page, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) supports the use of both subcutaneous and intramuscular octreotide to help reduce the symptoms of dumping syndrome.

**References**

1. CMS Benefit Policy Manual. Chapter 15; § 50 Drugs and Biologicals
2. Medicare Coverage Database. Available at <https://www.cms.gov/Medicare-Coverage-Database/search.aspx>
3. Social Security Act (Title XVIII) Standard References, Sections: 1862(a)(1)(A) Medically Reasonable & Necessary; 1862(a)(1)(D) Investigational or Experimental; 1833(e) Incomplete Claim; 1861(t) (1) Drugs and Biologicals
4. CMS Benefit Policy Manual. Chapter 15; § 50 Drugs and Biologicals
5. Medicare Coverage Database. Available at <https://www.cms.gov/Medicare-Coverage-Database/search.aspx>
6. Social Security Act (Title XVIII) Standard References, Sections: 1862(a)(1)(A) Medically Reasonable & Necessary; 1862(a)(1)(D) Investigational or Experimental; 1833(e) Incomplete Claim; 1861(t) (1) Drugs and Biologicals

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7. Sandostatin LAR Depot (octreotide acetate) Prescribing Information. East Hanover, NJ: Novartis Pharmaceuticals Corporation; 7/2024
8. AHFS. Available by subscription at <http://www.lexi.com>
9. DrugDex. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
10. National Comprehensive Cancer Network. Palliative Care (Version 2.2025). Available at <http://www.nccn.org>.
11. Scarpellini E, Arts J, Karamanolis G, et al. International consensus on the diagnosis and management of dumping syndrome. *Nat Rev Endocrinol*. 2020 Aug;16(8):448-466. doi: 10.1038/s41574-020-0357-5. Epub 2020 May 26.
12. National Institute of Diabetes and Digestive and Kidney Diseases. Treatment of Dumping Syndrome. <https://www.niddk.nih.gov/health-information/digestive-diseases/dumping-syndrome/treatment>. Accessed August 15, 2025.
13. Yavuz MN, Yavuz AA, Aydin F, et al: The efficacy of octreotide in the therapy of acute radiation-induced diarrhea: a randomized controlled study. *Int J Radiat Oncol Biol Phys* 2002; 54(1):195-202.
14. Benson AB, et al. Recommended Guidelines for the treatment of cancer therapy induced diarrhea. *J Clin Oncol* 2004 Jul 15;22:2918-2926.

#### Review History

Date of Last Annual Review: 4Q2025

Changes from previous policy version:

- No clinical change following annual review
- Request to use this drug for oncology-related indications should be directed to Evolent

*Blue Shield of California Medication Policy to Determine Medical Necessity*  
*Reviewed by P&T Committee*

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