Somatuline Depot (lanreotide)

Override(s) | Approval Duration
---|---
Prior Authorization Quantity Limit | 1 year

Medications | Quantity Limit
---|---
Somatuline Depot (lanreotide) 60mg, 90mg, 120mg | 1 syringe/vial per 28 days

APPROVAL CRITERIA

Requests Somatuline Depot (lanreotide) may be approved if the following criteria are met:

I. Individual is using for the long term treatment of acromegaly who have had an inadequate response to or cannot be treated with surgery and/or radiotherapy; OR

II. Individual is being treated for Neuroendocrine Tumors (NCCN 2A).

State Specific Mandates

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<tr>
<th>State name</th>
<th>Date effective</th>
<th>Mandate details (including specific bill if applicable)</th>
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<td>N/A</td>
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Key References:


DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

| Market | FL & FHK | FL MMA | FL LTC | GA | KS | KY | LA | MD | NJ | NV | NY | TN | TX | WA |
|--------|----------|--------|--------|----|----|----|----|----|----|----|----|----|----|----|----|
| Applicable | X | NA | NA | X | NA | X | X | X | X | X | X | NA | NA | X |

*FHK- Florida Healthy Kids

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