

OCTREOTIDE INJECTION (SANDOSTATIN, SANDOSTATIN LAR) PA SUMMARY

STATUS: Preferred

LENGTH OF AUTHORIZATION: 1 Year

NOTE: *The criteria details below are for the outpatient pharmacy program. If an injectable medication is being administered in a physician's office then the criteria information below does not apply. Instead, the physician's office must bill this drug through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program can be located at www.mmis.georgia.gov*

PA CRITERIA:

- ❖ Sandostatin is approvable for members with a diagnosis of acromegaly who have failed to respond to surgery or radiation or who are not candidates for surgery or radiation.
- ❖ Sandostatin is also approvable for members with a diagnosis severe diarrhea and flushing episodes associated with carcinoid tumors or profuse watery diarrhea associated with vasoactive intestinal peptide tumors.
- ❖ Sandostatin LAR is approvable for these diagnoses if the member has responded to and tolerated Sandostatin.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.