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# Lanreotide

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## Disclaimer

*Medical policies are a set of written guidelines that support current standards of practice. They are based on current generally accepted standards of and developed by nonprofit professional association(s) for the relevant clinical specialty, third-party entities that develop treatment criteria, or other federal or state governmental agencies. A requested therapy must be proven effective for the relevant diagnosis or procedure. For drug therapy, the proposed dose, frequency and duration of therapy must be consistent with recommendations in at least one authoritative source. This medical policy is supported by FDA-approved labeling and/or nationally recognized authoritative references to major drug compendia, peer reviewed scientific literature and generally accepted standards of medical care. These references include, but are not limited to: MCG care guidelines, DrugDex (IIa level of evidence or higher), NCCN Guidelines (IIb level of evidence or higher), NCCN Compendia (IIb level of evidence or higher), professional society guidelines, and CMS coverage policy.*

### Carefully check state regulations and/or the member contract.

Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.**

## Legislative Mandates

**EXCEPTION: For HCSC members residing in the state of Ohio**, § 3923.60 requires any group or individual policy (Small, Mid-Market, Large Groups, Municipalities/Counties/Schools, State Employees, Fully-Insured, PPO, HMO, POS, EPO) that covers prescription drugs to provide for the coverage of any drug approved by the U. S. Food and Drug Administration (FDA) when it is prescribed for a use recognized as safe and effective for the treatment of a given indication in one or more of the standard medical reference compendia adopted by the United States Department of Health and Human Services or in medical literature even if the FDA has not approved the drug for that indication. Medical literature support is only satisfied when safety and efficacy has been confirmed in two articles from major peer-reviewed professional medical journals that present data supporting the proposed off-label use or uses as generally safe and effective. Examples of accepted journals include, but are not limited to, Journal of

American Medical Association (JAMA), New England Journal of Medicine (NEJM), and Lancet. Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. Evidence limited to case studies or case series is not sufficient to meet the standard of this criterion. Coverage is never required where the FDA has recognized a use to be contraindicated and coverage is not required for non-formulary drugs.

## Coverage

**NOTE 1:** This medical policy does **NOT** address oncologic indications. This medical policy **IS NOT TO BE USED** for oncologic indications. Refer to RX502.061 Oncology Medications for oncologic indications.

Somatuline® Depot (lanreotide) **may be considered medically necessary** for the long-term treatment of acromegalic patients who have had an inadequate response to or cannot be treated with surgery and/or radiotherapy.

Somatuline® Depot (lanreotide) **is considered experimental, investigational and/or unproven** for all other non-Food and Drug Administration approved indications.

## Policy Guidelines

Lanreotide is for deep subcutaneous injection only by a healthcare provider.

## Description

**Acromegaly**
Acromegaly is a rare hormonal disorder that occurs when the pituitary gland produces too much growth hormone (GH) during adulthood. The overproduction of GH in most cases is due to a pituitary adenoma, a benign pituitary gland tumor. When GH is released into the bloodstream, the liver manufactures a hormone called insulin-like growth factor-1 (IGF-1). An excessive amount of IGF-1 can lead to atypical growth of skeletal and soft tissue. Physical changes can include an increase in size of extremities, examples include enlargement of hands, feet, and face (protruding lower jaw and brow). Other symptoms may include headache, fatigue, and vision impairment. Symptoms of acromegaly vary and may be gradual, due to the insidious onset; the condition may not be diagnosed immediately. Acromegaly could lead to serious life-threatening complications, therefore early diagnosis and treatment is important. (2)

Tests used to help diagnose and monitor this disorder may include but are not limited to such tests as magnetic resonance imaging (MRI) of the brain, IGF-1 levels, and growth hormone levels. Treatment may consist of surgical, medical and radiotherapeutic options or a combination of these therapies. Surgery to remove the pituitary tumor may be the initial treatment in patients with microadenomas. There are situations in which the tumor is unable to be removed completely; radiation or medical therapy may be used as adjunct to surgery. (2)

**Regulatory Status**
Somatuline® Depot (lanreotide) is an octapeptide analog of natural somatostatin. It is an inhibitor of various endocrine, neuroendocrine, exocrine, and paracrine functions. The U.S. Food and Drug Administration (FDA) granted approval in 2007. It is indicated for the long-term treatment of acromegalic patients who have had an inadequate response to or cannot be treated with surgery and/or radiotherapy; the treatment of adult patients with unresectable, well- or moderately-differentiated, locally advanced or metastatic gastroenteropancreatic neuroendocrine tumors (GEP-NETs) to improve progression-free survival; and the treatment of adults with carcinoid syndrome. (1)

This medical policy does NOT address oncologic indications. This medical policy IS NOT TO BE USED for oncologic indications. Refer to RX502.061 Oncology Medications for oncologic indications.

## Rationale

This policy is based on the U.S. Food and Drug Administration (FDA) labeled indications for Somatuline® Depot (lanreotide).

**Somatuline® Depot (lanreotide) (1)**
Acromegaly
The effect of Somatuline Depot on reducing growth hormone (GH) and insulin growth factor-1 (IGF-1) levels and control of symptoms in patients with acromegaly was studied in 2 long-term, multiple-dose, randomized, multicenter studies.

*Study 1*
This 1-year study included a 4-week, double-blind, placebo-controlled phase; a 16-week single-blind, fixed-dose phase; and a 32-week, open-label, dose-titration phase. Patients with active acromegaly, based on biochemical tests and medical history, entered a 12-week washout period if there was previous treatment with a somatostatin analog or a dopaminergic agonist.

Upon entry, patients were randomly allocated to receive a single, deep subcutaneous injection of Somatuline Depot 60, 90, or 120 mg or placebo. Four weeks later, patients entered a fixed-dose phase where they received 4 injections of Somatuline Depot followed by a dose-titration phase of 8 injections for a total of 13 injections over 52 weeks (including the placebo phase). Injections were given at 4-week intervals. During the dose-titration phase of the study, the dose was titrated twice (every fourth injection), as needed, according to individual GH and IGF-1 levels.

A total of 108 patients (51 males, 57 females) were enrolled in the initial placebo-controlled phase of the study. Half (54/108) of the patients had never been treated with a somatostatin analog or dopamine agonist or had stopped treatment for at least 3 months prior to their

participation in the study and were required to have a mean GH level greater than 5 ng/mL at their first visit. The other half of the patients had received prior treatment with a somatostatin analog or a dopamine agonist before study entry and at study entry were required to have a mean GH concentration greater than 3 ng/mL and at least a 100% increase in mean GH concentration after washout of medication.

One hundred and seven [107] patients completed the placebo-controlled phase, 105 patients completed the fixed-dose phase, and 99 patients completed the dose-titration phase. Patients not completing withdrew due to adverse events [5] or lack of efficacy [4].

In the double-blind phase of Study 1, a total of 52 (63%) of the 83 lanreotide-treated patients had a greater than 50% decrease in mean GH from baseline to Week 4, including 52%, 44%, and 90% of patients in the 60, 90, and 120 mg groups, respectively, compared to placebo (0%, 0/25). In the fixed-dose phase at Week 16, 72% of all 107 lanreotide-treated patients had a decrease from baseline in mean GH of greater than 50%, including 68% (23/34), 64% (23/36), and 84% (31/37) of patients in the 60, 90, and 120 mg lanreotide treatment groups, respectively. Efficacy achieved in the first 16 weeks was maintained for the duration of the study (see Table 1).

**Table 1. Overall Efficacy Results Based on GH and IGF-1 Levels by Treatment Phase in Study 1**

| | | **Baseline N=107** | **Before Titration 1 (16 Weeks) N=107** | **Before Titration 2 (32 Weeks) N=105** | **Last Value Available[a] N=107** |
|---|---|---|---|---|---|
| **GH** | | | | | |
| ≤5.0 ng/mL | Number of Responders (%) | 20 (19%) | 72 (67%) | 76 (72%) | 74 (69%) |
| ≤2.5 ng/mL | Number of Responders (%) | 0 (0%) | 52 (49%) | 59 (56%) | 55 (51%) |
| ≤1.0 ng/mL | Number of Responders (%) | 0 (0%) | 15 (14%) | 18 (17%) | 17 (16%) |
| Median GH | ng/mL | 10.27 | 2.53 | 2.20 | 2.43 |
| GH Reduction | Median % Reduction | -- | 75.5 | 78.2 | 75.5 |
| **IGF-1** | | | | | |
| Normal[3] | Number of Responders (%) | 9 (8%) | 58 (54%) | 57 (54%) | 62 (58%) |
| Median IGF-1 | ng/mL | 775.0 | 332.0[1] | 316.5[2] | 326.0 |

| | | | | | |
|---|---|---|---|---|---|
| IGF-1 Reduction | Median % Reduction | -- | 52.3[1] | 54.5[2] | 55.4 |
| IGF-1 Normal[3] + GH ≤2.5 ng/mL | Number of Responders (%) | 0 (0%) | 41 (38%) | 46 (44%) | 44 (41%) |

GH: growth hormone; IGF-1: insulin growth factor-1; ng/mL: nanograms per milliliter.
[a] Last observation carried forward.
[1] n=105
[2] n=102
[3] Age-adjusted.

*Study 2*
This was a 48-week, open-label, uncontrolled, multicenter study that enrolled patients who had an IGF-1 concentration 1.3 times or greater than the upper limit of the normal age-adjusted range. Patients receiving treatment with a somatostatin analog (other than Somatuline Depot), or a dopaminergic agonist had to attain this IGF-1 concentration after a washout period of up to 3 months.

Patients were initially enrolled in a 4-month, fixed-dose phase where they received 4 deep subcutaneous injections of Somatuline Depot 90 mg, at 4-week intervals. Patients then entered a dose-titration phase where the dose of Somatuline Depot was adjusted based on GH and IGF-1 levels at the beginning of the dose-titration phase and, if necessary, again after another 4 injections. Patients titrated up to the maximum dose (120 mg) were not allowed to titrate down again.

A total of 63 patients (38 males, 25 females) entered the fixed-dose phase of the trial and 57 patients completed 48 weeks of treatment. Six patients withdrew due to adverse reactions [3], other reasons [2], or lack of efficacy [1].

After 48 weeks of treatment with Somatuline Depot at 4-week intervals, 43% (27/63) of the acromegalic patients in this study achieved normal age-adjusted IGF-1 concentrations. Mean IGF-1 concentrations after treatment completion were 1.3 ± 0.7 times the upper limit of normal compared to 2.5 ± 1.1 times the upper limit of normal at baseline.

The reduction in IGF-1 concentrations over time correlated with a corresponding marked decrease in mean GH concentrations. The proportion of patients with mean GH concentrations less than 2.5 ng/mL increased significantly from 35% to 77% after the fixed-dose phase and 85% at the end of the study. At the end of treatment, 24/63 (38%) of patients had both normal IGF-1 concentrations and a GH concentration of less than or equal to 2.5 ng/mL (see Table 2) and 17/63 patients (27%) had both normal IGF-1 concentrations and a GH concentration of less than 1 ng/mL.

**Table 2. Overall Efficacy Results Based on GH and IGF-1 Levels by Treatment Phase in Study 2**

| | | Baseline N=63 | Before Titration 1 (12 Weeks) N=63 | Before Titration 2 (28 Weeks) N=59 | Last Value Available[a] N=63 |
|---|---|---|---|---|---|
| **IGF-1** | | | | | |
| Normal[1] | Number of Responders (%) | 0 (0%) | 17 (27%) | 22 (37%) | 27 (43%) |
| Median IGF-1 | ng/mL | 689.0 | 382.0 | 334.0 | 317.0 |
| IGF-1 Reduction | Median % Reduction | -- | 41.0 | 51.0 | 50.3 |
| **GH** | | | | | |
| ≤5.0 ng/mL | Number of Responders (%) | 40 (64%) | 59 (94%) | 57 (97%) | 62 (98%) |
| ≤2.5 ng/mL | Number of Responders (%) | 21 (33%) | 47 (75%) | 47 (80%) | 54 (86 %) |
| ≤1.0 ng/mL | Number of Responders (%) | 8 (13%) | 19 (30%) | 18 (31%) | 28 (44%) |
| Median GH | ng/mL | 3.71 | 1.65 | 1.48 | 1.13 |
| GH Reduction | Median % Reduction | -- | 63.2 | 66.7 | 78.6[2] |
| IGF-1 normal[1] + GH ≤2.5 ng/mL | Number of Responders (%) | 0 (0%) | 14 (22%) | 20 (34%) | 24 (38%) |

GH: growth hormone; IGF-1: insulin growth factor-1; ng/mL: nanograms per milliliter.
[a] Last observation carried forward.
[1] Age-adjusted.
[2] n=62

Examination of age and gender subgroups did not identify differences in response to Somatuline Depot among these subgroups. The limited number of patients in the different racial subgroups did not raise any concerns regarding efficacy of Somatuline Depot in these subgroups.

**Summary of Evidence**

Based on review of the studies provided to the U.S. Food and Drug Administration (FDA) approval, Somatuline® Depot (lanreotide) may be considered medically necessary for the long-term treatment of acromegalic patients who have had an inadequate response to or cannot be treated with surgery and/or radiotherapy. Somatuline® Depot (lanreotide) is

considered experimental, investigational and/or unproven for all other non-FDA approved indications.

## Coding

Procedure codes on Medical Policy documents are included **only** as a general reference tool for each policy. **They may not be all-inclusive.**

The presence or absence of procedure, service, supply, or device codes in a Medical Policy document has no relevance for determination of benefit coverage for members or reimbursement for providers. **Only the written coverage position in a Medical Policy should be used for such determinations.**

Benefit coverage determinations based on written Medical Policy coverage positions must include review of the member's benefit contract or Summary Plan Description (SPD) for defined coverage vs. non-coverage, benefit exclusions, and benefit limitations such as dollar or duration caps.

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| **CPT Codes** | None |
| **HCPCS Codes** | J1930, J1932 |

*Current Procedural Terminology (CPT®) ©2024 American Medical Association: Chicago, IL.

## References


**U.S. Food and Drug Administration Label:**

1. U.S. Food and Drug Administration, Drugs@FDA. Highlights of Prescribing Information: Somatuline® Depot (lanreotide) (July 2024). Available at <https://www.accessdata.fda.gov> (accessed May 29, 2025).

**Other:**

2. Acromegaly-Mayo Clinic. Diseases and Conditions. Available at <https://www.mayoclinic.org> (accessed July 14, 2025).


## Centers for Medicare and Medicaid Services (CMS)

The information contained in this section is for informational purposes only. HCSC makes no representation as to the accuracy of this information. It is not to be used for claims adjudication for HCSC Plans.

The Centers for Medicare and Medicaid Services (CMS) does not have a national Medicare coverage position. Coverage may be subject to local carrier discretion.

A national coverage position for Medicare may have been developed since this medical policy document was written. See Medicare's National Coverage at <https://www.cms.hhs.gov>.

## Policy History/Revision

| Date | Description of Change |
|---|---|

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|---|---|
| 10/01/2025 | Document updated with literature review. The following change was made to Coverage: Added “non-Food and Drug Administration approved” to existing experimental, investigational and/or unproven statement. No new references added, some updated. |
| 10/15/2024 | Reviewed. No changes. |
| 04/01/2024 | New medical document. NOTE 1: This medical policy does NOT address oncologic indications. This medical policy IS NOT TO BE USED for oncologic indications. Refer to RX502.061 Oncology Medications for oncologic indications. Somatuline® Depot (Lanreotide) may be considered medically necessary for the following indications: the long-term treatment of acromegalic patients who have had an inadequate response to or cannot be treated with surgery and/or radiotherapy. Somatuline® Depot (Lanreotide) is considered experimental, investigational and/or unproven for all other indications. |