BlueCross BlueShield
Federal Employee Program
Blue Cross Blue Shield Association
750 9th St NW, Suite 900
Washington, D.C. 20001
1-800-624-5060
Fax 1-877-378-4727

5.30.073

Section:	Prescription Drugs	**Effective Date:**	October 1, 2025
Subsection:	Endocrine and Metabolic Drugs	**Original Policy Date:**	January 1, 2021
Subject:	Sandostatin	**Page:**	1 of 3

Last Review Date: September 19, 2025

Sandostatin

Description

Sandostatin (octreotide)

Background
Sandostatin (octreotide) exerts pharmacologic actions similar to the natural hormone, somatostatin. It is an even more potent inhibitor of growth hormone, glucagon, and insulin than somatostatin. Like somatostatin, it also suppresses LH response to GnRH, decreases splanchnic blood blow, and inhibits release of serotonin, gastrin, vasoactive intestinal peptide, secretin, motilin, and pancreatic polypeptide (1).

Regulatory Status
FDA-approved indications: Sandostatin is indicated for: (1)

- Acromegaly
- Diarrhea or flushing associated with carcinoid tumors
- Diarrhea associated with VIP-secreting tumors

Related policies
Sandostatin LAR, Signifor LAR, Somatuline Depot

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Sandostatin may be considered **medically necessary** if the conditions indicated below are met.

Sandostatin may be considered **investigational** for all other indications.

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Acromegaly
2. Diarrhea or flushing associated with carcinoid tumors
3. Diarrhea associated with VIP-secreting tumors

AND the following for **ALL** diagnoses:

a. Patient **MUST** have tried the preferred product (generic Sandostatin: octreotide) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

Prior – Approval *Renewal* Requirements

Same as above

Policy Guidelines

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Sandostatin (octreotide) exerts pharmacologic actions similar to the natural hormone, somatostatin. It is an even more potent inhibitor of growth hormone, glucagon, and insulin than somatostatin. Like somatostatin, it also suppresses LH response to GnRH, decreases

splanchnic blood blow, and inhibits release of serotonin, gastrin, vasoactive intestinal peptide, secretin, motilin, and pancreatic polypeptide (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Sandostatin while maintaining optimal therapeutic outcomes.

References

1. Sandostatin [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; July 2023.

Policy History

Date	Action
December 2020	Addition to PA. Annual review
September 2021	Annual review and reference update
September 2022	Annual review
December 2022	Annual review
September 2023	Annual review and reference update
September 2024	Annual review
September 2025	Annual review

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 19, 2025 and is effective on October 1, 2025.