NHS
Calderdale
Clinical Commissioning Group

Commissioning Policy

Treatment (brand name, manufacturer if applicable)	Octreotide, (Sandostatin®, Novartis) – generic octreotide (Hospira UK Ltd, Sun Pharmaceutical Industries Ltd)
For the treatment of	Acromegaly & neuroendocrine tumours
Background	PbR excluded treatment Octreotide is a synthetic octapeptide derivative of naturally occurring somatostatin with similar pharmacological effects, but with a longer duration of action. It inhibits pathologically increased secretion of growth hormone and of peptides and serotonin produced within the gastroenteropancreatic endocrine (GEP) system. Unlike somatostatin, octreotide inhibits growth hormone preferentially over insulin and its administration is not followed by rebound hypersecretion of hormones (i.e. growth hormone in patients with acromegaly). In patients with acromegaly, octreotide consistently lowers GH and normalises IGF-1 serum concentrations in the majority of patients. In most patients, octreotide markedly reduces the clinical symptoms of the disease , such as headache, perspiration, paresthesia, fatigue, osteoarthralgia and carpal tunnel syndrome. In individual patients with GH-secreting pituitary adenoma, octreotide was reported to lead to shrinkage of the tumour mass. **Octreotide has a UK marketing authorisation** for the treatment of; 1. Gatroenteropancreatic endocrine tumours: For the relief of symptoms associated with functional gastroenteropancreatic endocrine tumours including: • carcinoid tumours with features of carcinoid syndrome • VIPomas • glucagonomas Octreotide is not antitumour therapy and is not curative in these patients. 2. Acromegaly:- For symptomatic control and reduction of growth hormone and insulin like growth factor IGF-1 in patients with acromegaly: • in short term treatment, prior to pituitary surgery, or • in long term treatment in those who are inadequately controlled by pituitary surgery, radiotherapy, or in the interim period until radiotherapy becomes effective. • Octreotide is indicated for acromegalic patients for whom surgery is inappropriate. 3. Prevention of complications following pancreatic surgery.
Commissioning position	NHS Calderdale CCG ***routinely commissions*** Octreotide as a treatment option for the following conditions:: 1. Acromegaly when the circulating levels of growth hormone (GH) and/or Insulin-

	like Growth Factor-1 (IGF-1) remain abnormal after surgery and/or radiotherapy. 2. Neuroendocrine tumours to relieve symptoms associated with neuroendocrine tumours. (this includes carcinoid, VIPomas, glucagonoma, and carcinoid syndrome) Dosage should be titrated upwards according to response. In use for carcinoid tumours, if there is no beneficial effect with the maximum tolerated dose after ***one week,*** continued therapy is not recommended. 3. For patients responding to and stabilised on subcutaneous octreotide, and who require injections more than once a day, these may be considered for either octreotide depot or lanreotide depot. The treatment with the lowest acquisition cost should normally be used. When commencing treatment with the depot preparations, the subcutaneous octreotide should be continued after the first injection of depot until the depot injection becomes effective. Only clinicians with experience in managing these conditions should initiate and monitor treatment with octreotide. Patients on long term treatment should be assessed at 3 months, and then six monthly thereafter. Growth-hormone secreting tumours can expand causing serious complications, patients receiving somatostatin analogues should be monitored for signs of tumour expansion. NHS Calderdale CCG will only fund octreotide for the indications listed in points 1 and 2 above.
Effective from	01/10/2011
Summary of evidence/rationale	SmPCs for Octreotide products
Date	September 2011
Policy to be reviewed by	September 2013
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