

PHARMACY POLICY STATEMENT North Carolina Marketplace

DRUG NAME	Mycapssa (octreotide)
BILLING CODE	Must use valid NDC
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
STATUS	Prior Authorization Required

Mycapssa is a somatostatin analog indicated for long-term maintenance treatment in acromegaly patients who have responded to and tolerated treatment with octreotide or lanreotide. It is a delayed-release oral capsule formulation of octreotide.

Acromegaly is typically the result of a GH-secreting pituitary adenoma, thus surgical resection is the preferred treatment whenever possible as the best chance for a cure. If disease persists after surgery, a first-generation long-acting somatostatin receptor ligand is recommended as first-line therapy.

Mycapssa (octreotide) will be considered for coverage when the following criteria are met:

Acromegaly

For initial authorization:

1. Member is 18 years old or older; AND
2. Medication must be prescribed by or in consultation with an endocrinologist; AND
3. Member has a confirmed diagnosis of acromegaly; AND
4. Member had an inadequate response to surgery or surgery is not an option (documentation required); AND
5. Member has been stabilized on injectable octreotide or lanreotide for at least 3 months, with insulin-like growth factor (IGF-1) lab results demonstrating response to treatment; AND
6. Member has documented rationale for why it is medically necessary to switch to the oral formulation of octreotide (e.g., injection site reactions, ongoing symptoms despite biochemical control).
7. Dosage allowed/Quantity limit:



CareSource considers Mycapssa (octreotide) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

