Commercial/Healthcare Exchange PA Criteria

Effective: September 2020

Prior Authorization: Mycapssa

Products Affected: Mycapssa (octreotide) delayed-release oral capsules

Medication Description: Octreotide exerts pharmacologic actions similar to the natural hormone somatostatin, but is a more potent inhibitor of GH, glucagon, and insulin than somatostatin. Like somatostatin, it also suppresses luteinizing hormone (LH) response to gonadotropin-releasing hormone (GnRH), decreases splanchnic blood flow, and inhibits release of serotonin, gastrin, vasoactive intestinal peptide, secretin, motilin, and pancreatic polypeptide.

Covered Uses: Long-term maintenance treatment in acromegaly patients who have responded to and tolerated treatment with octreotide or lanreotide.

Exclusion Criteria:

1. Hypersensitivity to octreotide

Required Medical Information:

1. Diagnosis

Age Restrictions: N/A

Prescriber Restrictions: Prescribed by, or in consultation with an Endocrinologist

Coverage Duration: 12 months

Other Criteria:

a. Patient has a diagnosis of Acromegaly; AND
b. Patient has responded to and tolerated treatment with octreotide or lanreotide injections in the past.

References:

1. Mycapssa [product insert]. Chiasma, Inc. Needham, MA 02494. June 2020

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	09/02/2020