



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

OCTREOTIDE - ORAL

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
OCTREOTIDE ACETATE	MYCAPSSA		48334	GPI-14 (30170070106520)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of acromegaly and meet **ALL** of the following criteria?
 - Therapy is prescribed by or in consultation with an endocrinologist
 - The patient has responded to and tolerated treatment with octreotide or lanreotide

If yes, **approve for 3 months by GPID or GPI-14 with a quantity limit of #4 per day.**

If no, do not approve.

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **OCTREOTIDE - ORAL (Mycapssa)** requires the following rule(s) be met for approval:

- A. You have acromegaly (a type of hormone disorder)
- B. Therapy is prescribed by or in consultation with an endocrinologist (doctor who specializes in hormones)
- C. You have responded to and tolerated treatment with octreotide or lanreotide

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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OCTREOTIDE - ORAL

GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

- Does the patient have a diagnosis of acromegaly and meet **ALL** of the following criteria?
 - The patient has a reduction, normalization, or maintenance of IGF-1 levels based on age and gender
 - The patient has shown an improvement or sustained remission of clinical symptoms of acromegaly

If yes, **approve for 12 months by GPID or GPI-14 with a quantity limit of #4 per day.**
If no, do not approve.

RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **OCTREOTIDE - ORAL (Mycapssa)** requires the following rule(s) be met for renewal:

- You have acromegaly (a type of hormone disorder)
- You have had a reduction, normalization, or maintenance of insulin-like growth factor 1 (IGF-1: a type of hormone) levels based on your age and gender
- You have shown an improvement or sustained remission (symptoms have gone away) of clinical symptoms of acromegaly

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Mycapssa.

REFERENCES

- Mycapssa [Prescribing Information]. Scotland, UK: MW Encap Ltd., March 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 10/01/22

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P&T Approval: 07/22