Prior Authorization Criteria

MISSISSIPPI DIVISION OF MEDICAID

MYCAPSSA® (octreotide) PA CRITERIA:

MYCAPSSA® (octreotide) is a somatostatin analog used for the long-term maintenance treatment of acromegaly in patients who have responded to and tolerated treatment with octreotide or lanreotide.

Prior authorization is required for MYCAPSSA® (octreotide). Prior authorization approval will be considered when the following criteria are met. Along with the Universal PA Form, please submit any supporting clinical documentation.

Initial Authorization: 6 Months

1. The patient is 18 years of age or older; **AND**
2. The patient has a confirmed diagnosis of acromegaly, supported by both an elevated insulin-like growth factor 1 (IGF-1) level above the upper limit of normal for age and sex using laboratory reference ranges, and clinical symptoms consistent with acromegaly (e.g., enlarged hands/feet, headaches, arthralgias, hyperhidrosis); **AND**
3. The medication is prescribed by, or in consultation with, an endocrinologist; **AND**
4. The medication is being prescribed for maintenance therapy only, not for newly diagnosed acromegaly or patients naïve to somatostatin analog therapy**; AND**
5. The patient has completed and tolerated a six-month trial of either of the following long-acting injectable somatostatin analogs: octreotide LAR or lanreotide; **AND**
6. The prescriber has submitted clinical justification on why the patient is unable to maintain the current octreotide LAR or lanreotide therapy; **AND**
7. The prescribed dose does not exceed 80 mg daily.

Re-Authorization: 1 Year

1. Documentation of positive clinical response, defined as IGF-1 within the normal range or a clinically meaningful reduction from baseline, and an improvement or stabilization of acromegaly-related symptoms, has been provided; **AND**
2. The prescribed dose does not exceed 80 mg daily.

MYCAPSSA® Dosing: The recommended starting dosage is 20 mg twice daily; adjust dose in 20 mg/day increments every 2 to 4 weeks as necessary based on clinical response.

- 60 mg/day: Administer as 40 mg every morning and 20 mg every evening.
- 80 mg/day: Administer as 40 mg twice daily (maximum: 80 mg/day).

Formulation: MYCAPSSA® is available as a 20 mg delayed-release oral capsule.