

**MYCAPSSA
(octreotide)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Acromegaly

- a. Used as long-term maintenance treatment

AND ALL of the following:

- a. Patient has responded to and tolerated prior treatment with octreotide or lanreotide
- b. Prescriber agrees to monitor **ALL** of the following:
 - i. IGF-1 levels
 - ii. Blood glucose
 - iii. Thyroid function
 - iv. Electrocardiogram (ECG)
 - v. Vitamin B₁₂ levels
 - vi. Signs or symptoms of cholelithiasis (gallstones) or associated complications
- c. Prescriber agrees to inform premenopausal female patients that treatment with Mycapssa may result in unintended pregnancy
- d. Prescriber agrees to periodically withdraw Mycapssa to assess disease activity

Prior - Approval Limits

Quantity 336 capsules per 84 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older



**BlueCross
BlueShield**

Federal Employee Program.

MYCAPSSA (octreotide)

Diagnosis

Patient must have the following:

Acromegaly

- a. Used as long-term maintenance treatment

AND ALL of the following:

- a. **NO** disease progression or unacceptable toxicity
- b. Prescriber agrees to monitor **ALL** of the following:
 - i. IGF-1 levels
 - ii. Blood glucose
 - iii. Thyroid function
 - iv. Electrocardiogram (ECG)
 - v. Vitamin B₁₂ levels
 - vi. Signs or symptoms of cholelithiasis (gallstones) or associated complications
- b. Prescriber agrees to inform premenopausal female patients that treatment with Mycapssa may result in unintended pregnancy
- c. Prescriber agrees to periodically withdraw Mycapssa to assess disease activity

Prior - Approval *Renewal* Limits

Same as above