

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Oral Octreotide Acetate (Mycapssa)

#### Notes:

- Quantity Limits: Yes

**Initiation (new start) criteria:** Non-formulary **oral octreotide acetate (Mycapssa)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescriber is an endocrinologist
- Patient is 18 years of age or older
- Patient has a diagnosis of acromegaly (a condition in which the body produces too much growth hormone)
- Patient has been on a stable dose of an **injectable** octreotide or lanreotide for at least 6 months and achieved biochemical control of acromegaly. Biochemical control is defined as insulin-like growth factor 1 (IGF-1) of less than or equal to 0.8 times the upper limit of the normal range of the lab test used.
- Patient is experiencing breakthrough symptoms toward the end of dosing cycle or injection site reactions. Breakthrough symptoms are headaches, sweating, fatigue, and joint pain.
- Patient is not taking cabergoline or pegvisomant

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **oral octreotide acetate (Mycapssa)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescriber is an endocrinologist
- Patient is 18 years of age or older
- Patient has a diagnosis of acromegaly
- Patient is not taking cabergoline or pegvisomant

**Continued use criteria (12 months after initiation):** Non-formulary **oral octreotide acetate (Mycapssa)** will continue to be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is an endocrinologist
- IGF-1 level is less than or equal to 0.8 times the upper limit of the normal range of the lab test used on oral octreotide (Mycapssa)
- Patient is not taking cabergoline or pegvisomant

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Revised: 10/13/22  
Effective: 12/01/22

All plans offered and underwritten by  
Kaiser Foundation Health Plan of the Northwest