

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2025 P 1340-5
Program	Prior Authorization/Notification
Medication	Mycapssa® (octreotide)
P&T Approval Date	12/2020, 12/20021, 12/2022, 12/2023, 1/2024
Effective Date	4/1/2025

**1. Background:**

Mycapssa (octreotide) is a somatostatin analog indicated for long-term maintenance treatment in acromegaly patients who have responded to and tolerated treatment with octreotide or lanreotide.

**2. Coverage Criteria<sup>a</sup>:**

**A. Acromegaly**

**1. Initial Authorization**

a. **Mycapssa** will be approved based **both** of the following criteria:

(1) Diagnosis of acromegaly

**-AND-**

(2) Patient has responded to and tolerated treatment with **one** of the following somatostatin analogs:

- i. Sandostatin (octreotide) or Sandostatin LAR
- ii. Somatuline Depot (lanreotide)

**Authorization will be issued for 12 months.**

**2. Reauthorization**

a. **Mycapssa** will be approved based on of the following criterion:

(1) Documentation of positive clinical response to Mycapssa therapy

**Authorization will be issued for 12 months.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.
- Medical Necessity may be in place.

**4. References:**

1. Mycapssa [package insert]. Scotland, UK: MW Encap Ltd.; August 2024.

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<b>Change Control</b>	
11/2020	New program
12/2021	Annual review with no change to clinical criteria.
12/2022	Annual review with no change to clinical criteria. Added state mandate footnote and updated reference.
12/2023	Annual review with no change to clinical criteria.
1/2025	Annual review with no change to clinical criteria. Updated reference.