

# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Megestrol Acetate Clinical Edit
<b>First Implementation Date:</b>	August 12, 2010
<b>Proposed Date:</b>	March 18, 2021
<b>Prepared for:</b>	MO HealthNet
<b>Prepared by:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

## Executive Summary

**Purpose:** Ensure appropriate utilization and control of megestrol acetate

**Why Issue Selected:** Megestrol is a synthetic oral progestin with slight glucocorticoid and mineralocorticoid activity. Megestrol acetate tablets are indicated for palliative treatment of advanced carcinoma of the breast or endometrium. The suspension is indicated for the treatment of anorexia, cachexia, or unexplained significant weight loss in patients with acquired immunodeficiency syndrome (AIDS). Due to the possible adverse events and specific approved indications, MO HealthNet will impose clinical criteria to ensure appropriate utilization of megestrol acetate.

### Program-Specific Information:

Date Range FFS 1-1-2020 to 12-31-2020			
Drug	Claims	Spend	Avg Spend per Claim
MEGESTROL 40 MG/ML SUSP	563	\$24,012.78	\$42.65
MEGESTROL 625 MG/5 ML SUSP	32	\$10,844.83	\$338.90
MEGESTROL 20 MG TABLET	127	\$2,938.51	\$23.13
MEGESTROL 40 MG TABLET	443	\$12,069.37	\$27.24

**Type of Criteria:**  Increased risk of ADE  Preferred Drug List  
 Appropriate Indications  Clinical Edit

**Data Sources:**  Only Administrative Databases  Databases + Prescriber-Supplied

## Setting & Population

- Drug class for review: Megestrol acetate
- Age range: All appropriate MO HealthNet participants

## Approval Criteria

- Claim is within maximum daily dosage limitations (see Appendix A) **AND**
- Participant is compliant with current therapy (90 out of 120 days) **OR**

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- Claim is for megestrol 40mg/ml suspension or tablets **OR**
- Claim is for 625mg/5ml suspension:
  - Documented diagnosis of malignant neoplasm of the breast, uterus, or ovaries or HIV/AIDS with cachexia **AND**
  - Documented therapeutic trial of megestrol 40mg/ml suspension or tablets in the past 2 years

## Denial Criteria

- Therapy will be denied if all approval criteria are not met
- Participant is currently pregnant

## Required Documentation

Laboratory Results:  
MedWatch Form:


Progress Notes:  
Other:

<b>X</b>

## Disposition of Edit

Denial: Exception code "0682" (Clinical Edit)  
Rule Type: CE

## Default Approval Period

1 year

## Appendix A

Drug Description	Generic Equivalent	Max Dose Per Day
MEGESTROL 40 MG/ML SUSP	MEGESTROL ACETATE	800 mg
MEGESTROL 625 MG/5 ML SUSP	MEGESTROL ACETATE	625 mg
MEGESTROL 20 MG TABLET	MEGESTROL ACETATE	800 mg
MEGESTROL 40 MG TABLET	MEGESTROL ACETATE	800 mg

## References

- Facts & Comparisons. Megestrol Acetate Oral. Accessed February 11, 2021.
- Clinical Pharmacology. Megestrol. Accessed February 11, 2021.