



Clinical Edit Criteria Proposal

Drug/Drug Class: **Megestrol Acetate Clinical Edit**
 Date: **August 12, 2010**
 Prepared for:
 Prepared by: **MO HealthNet**

New Criteria

Revision of Existing Criteria

Executive Summary

Purpose: Ensure appropriate and prudent use of megestrol acetate within the MO HealthNet Pharmacy program.

Why was this Issue Selected: Megestrol is a synthetic female hormone belonging to the progesterone family. Megestrol is indicated for palliative treatment of advanced carcinoma of the breast or endometrium. It is also used to stimulate appetite and promote weight gain in patients with muscle wasting due to cancer or in patients with acquired immunodeficiency syndrome (AIDS).

Program-specific information:	Drug	Claims	Expense
	• Megestrol Acetate (oral)	2,229	\$110,013
	• Megace ES	32	\$20,409
	• Megace 40mg/ml	1	<u>\$48.90</u>
			<i>\$130,472 total</i>

Setting & Population: Patients 18 years of age and older

Type of Criteria:

Increased risk of ADE Non-Preferred Agent

Appropriate Utilization Other:

Data Sources: Only administrative databases Databases + Prescriber-supplied

Setting & Population

- Drug/drug class for review: Megestrol Acetate
- Age range: All patients 18 years of age and older
- Gender: males and females

Approval Criteria

- Appropriate diagnosis – or inferred
 - Malignant neoplasm – breast { ICD-9 codes 174.0 – 174.9 }
 - Malignant neoplasm – uterus { ICD-9 codes 182 – 182.0 }
 - HIV/AIDS plus
 - Cachexia

ICD-9 Diagnosis Code Definitions	
Condition	Codes
Breast Cancer	174.xx – 174.9
Malignant Neoplasm, uterus	182.xx
HIV	042.xx, 795.71, 079.53, V08
Cachexia	799.4

Denial Criteria

- **Megace ES or Megace 40mg/ml as first line therapy (generic preferred)**
- Pregnancy
- **Doses exceeding**
 - **800mg/day for Megestrol Acetate**
 - **625mg/day for Megace ES**
- Lack of compliance on first-line therapy regimen
- Lack of appropriate diagnoses
 - Utilization for cachexia in the absence of HIV/AIDS diagnosis

Required Documentation

Laboratory results:
MedWatch form:

Progress notes:



Disposition of Edit

- **Denial:** Edit 682 “Clinical Edit”

References

1. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2009.
2. Facts and Comparisons, pg. 1901; 2009.
3. USPDI, Micromedex, 2009.

