



**Medicare Part D – 2015**

**Prior Authorization Group Description**

MEGACE ES

**Covered Uses:**

All FDA-approved indications not otherwise excluded from Part D. Cachexia associated with Cystic fibrosis. Cachexia associated with Cancer.

**Exclusion Criteria:**

**Required Medical Information:**

**Age Restrictions:**

Prior authorization is required for patients 65 years and older. Prior authorization is not required for patients 64 years and younger.

**Prescriber Restrictions:**

**Coverage Duration:**

Length of Benefit.

**Other Criteria:**

Anorexia and Cachexia associated with AIDS: Failure or clinically significant adverse effects to oxandrolone or dronabinol . Cachexia associated with cystic fibrosis and Palliative treatment of endometrial or breast cancer: Patient is continuing on this medication without adverse effects.