

**Medicare Part D – 2016****Prior Authorization Group Description:**

MEGACE

**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.