

# MEGACE ES

## PHYSICIAN PRIOR AUTHORIZATION REQUEST FORM BlueCross<sup>®</sup> BlueShield<sup>®</sup> of South Carolina

Patient Information	
Name:	Insurance ID #:
Group #:	Birthdate:

Provider Information	
Physician's Name:	Physician DEA #:
Phone:	Fax:
Office Address:	
Diagnosis:	ICD-9 Code:

**When this form is complete, please fax to Caremark at 888-836-0730.**

This fax machine is in a HIPAA-compliant, secure location. On behalf of BlueCross BlueShield of South Carolina, Caremark assists in the administration of prescription drug programs. Caremark is an independent company that provides pharmacy benefits management.

Call Caremark at 800-294-5979 with any questions concerning prior authorization procedures.

1. Is Megace/Megace ES being requested for the treatment of anorexia, cachexia, or an unexplained, significant weight loss in patient with a diagnosis of acquired immunodeficiency syndrome (AIDS)?  Y  N
2. Is Megace/Megace ES being requested for the treatment of cachexia in patients with a diagnosis of cancer?  Y  N
3. Is the patient a female of child bearing potential?  
[If the answer to this question is no, no further questions are required.]  Y  N
4. Has the patient been advised not to take megestrol acetate when pregnant or if possibly pregnant because of the potential harm to the fetus?  Y  N

Comments: \_\_\_\_\_

*Information on this form is accurate as of the date below.*

Prescriber's Signature:	Date:
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