PRIOR AUTHORIZATION CRITERIA

<table>
<thead>
<tr>
<th>DRUG CLASS</th>
<th>ANABOLIC STEROIDS</th>
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<tbody>
<tr>
<td>BRAND NAME</td>
<td>OXANDRIN (generic)</td>
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<td>(oxandrolone)</td>
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**Status:** CVS Caremark Criteria  
**Type:** Initial Care Authorization

**POLICY**

**FDA-APPROVED INDICATIONS**

**Oxandrin**

Oxandrolone is indicated as an adjunctive therapy to promote weight gain after weight loss following extensive surgery, chronic infections, or severe trauma, and in some patients who without definite pathophysiologic reasons fail to gain or maintain normal weight, to offset the protein catabolism associated with prolonged administration of corticosteroids, and for the relief of bone pain frequently accompanying osteoporosis.

**Compendia Uses**
- Cachexia associated with AIDS
- Turner’s Syndrome

**Other Literature-Supported Uses**
- Hereditary Angioedema

**COVERAGE CRITERIA**

Oxandrin will be covered with prior authorization when the following criteria are met:

- Oxandrin (oxandrolone) is being prescribed for any of the following: A) As an adjunctive therapy to promote weight gain after weight loss following extensive surgery, chronic infections or severe trauma, B) To offset the protein catabolism associated with prolonged administration of corticosteroids, C) For the relief of bone pain accompanying osteoporosis, D) Turner’s syndrome, E) Cachexia associated with AIDS (HIV wasting) or due to chronic disease, F) Hereditary angioedema

AND

- The patient does not have any of the following: A) Pregnancy, B) Known or suspected carcinoma of the prostate or breast in male patients, C) Carcinoma of the breast in females with hypercalcemia, D) Nephrosis, the nephrotic phase of nephritis, E) Hypercalcemia

AND

- The patient will be monitored for peliosis hepatitis, liver cell tumors and blood lipid changes.

**REFERENCES**