PRIOR AUTHORIZATION CRITERIA

DRUG CLASS ANABOLIC STEROIDS

BRAND NAME (generic)

OXANDRIN (oxandrolone)

Status: CVS Caremark Criteria Ref # 15-A
Type: Initial Prior Authorization Ref # 320-A

POLICY

FDA-APPROVED INDICATIONS

Oxandrin is indicated as 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 to maintain normal weight, to offset the protein catabolism associated with prolonged administration of corticosteroids, and for the relief of bone pain frequently accompanying osteoporosis.

Compendial Uses

Cachexia associated with AIDS (HIV wasting)^{2,3,4}
To enhance growth in patients with Turner's Syndrome^{3,5}

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

• The requested drug is being prescribed for any of the following: A) As 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) To enhance growth in patients with Turner's Syndrome, E) Cachexia associated with acquired immunodeficiency syndrome (AIDS) (human immunodeficiency virus [HIV] wasting)

REFERENCES

- Oxandrin [package insert]. East Brunswick, NJ: Savient Pharmaceuticals, Inc.; January 2006.
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- Gravholt CH, Andersen NH, Conway GS, et al. Clinical practice guidelines for the care of girls and women with Turner syndrome: proceedings from the 2016 Cincinnati International Turner Syndrome Meeting. Eur J Endocrinol. 2017;177(3):G1–G170. Available at: http://www.eje-online.org/content/177/3/G1.full. (Endorsed on September 2017 by the American Academy of Pediatrics. Pediatrics. 2017;140(5): e20172626). Accessed December 2019.

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