# **PRIOR AUTHORIZATION CRITERIA**

**DRUG CLASS** 

ANABOLIC STEROIDS

#### BRAND NAME (generic)

OXANDRIN (oxandrolone)

Status: CVS Caremark Criteria Type: Initial Prior Authorization

## 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 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)<sup>2, 3, 4</sup> To enhance growth in patients with Turner's Syndrome<sup>2, 5</sup>

#### **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 due to chronic infections, 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 AIDS (HIV-wasting)

#### **REFERENCES**

- 1. Oxandrin [package insert]. East Brunswick, NJ: Savient Pharmaceuticals, Inc.; January 2006.
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- 4. Orphan Products Designations and Approvals. Available at www.fda.gov/orphan/designat/alldes.rtf. Accessed February 2018.
- 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)
- Medicare Prescription Drug Benefit Manual. Chapter 6. (Rev. 18, 01-15-16). https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Part-D-Benefits-Manual-Chapter-6.pdf

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