

# Oxandrolone



**Included Products:** Oxandrin (oxandrolone)

Created: 11/21/2008

Revised: 05/09/2019

Reviewed: 05/09/2019

Updated: 09/22/2021

## All Diagnoses

Initial Criteria		If yes	If no
1.	Does the member have any of the following contraindications to use of oxandrolone? <ul style="list-style-type: none"> <li>a. Known or suspected carcinoma of the prostate or breast in males</li> <li>b. Carcinoma of the breast in females with hypercalcemia</li> <li>c. Pregnancy</li> <li>d. Nephrosis, the nephrotic phase of nephritis</li> <li>e. Hypercalcemia</li> <li>f. Severe hepatic dysfunction</li> <li>g. Severe renal dysfunction</li> </ul>	Do not approve.	Continue to #2.
2.	Is oxandrolone being used as adjunctive therapy to promote weight gain after weight loss following extensive surgery, chronic infections, or severe trauma, or in a member without definite pathophysiologic reasons fails to gain or to maintain normal weight?	Continue to #3.	Continue to #5.
3.	Has the member experienced a weight loss of at least 10% in less than 4 months and has a BMI less than 20?	Approve for 4 weeks.	Do not approve.
4.	Is oxandrolone being used offset the protein catabolism associated with prolonged administration of corticosteroids?	Continue to #6.	Continue to #5.
5.	Does the member have a diagnosis of bone pain associated with osteoporosis?	Continue to #6.	Do not approve.
6.	Approve for 12 months.		

Continued >>

<b>Renewal Criteria</b>		<b>If yes</b>	<b>If no</b>
<b>1.</b>	Is there documentation of increase in or maintenance of (no continued loss) weight/BMI?	Continue to #2.	Do not approve.
<b>2.</b>	Approve for 6 months.		