

Pharmacy Policy

Anabolic Steroids - Anadrol[®], oxandrolone

Policy Number: 9.907

Revision Number: R0

Version Effective Date: 1/1/2021

Product Applicability All Plan⁺ Products

Well Sense Health Plan

New Hampshire Medicaid

Boston Medical Center HealthNet Plan

MassHealth - MCO

MassHealth - ACO

Qualified Health Plans/ConnectorCare/Employer Choice Direct

Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- Anadrol[®] (oxymetholone)
- oxandrolone

The Plan may authorize coverage of the above products for members meeting the following criteria:

Covered Use	All FDA approved indications unless otherwise excluded
Exclusion Criteria	None
Required Medical Information	<p>Oxandrolone</p> <ol style="list-style-type: none"> 1. At least one of the following reasons for using oxandrolone to promote weight gain: <ol style="list-style-type: none"> a. Extensive surgery b. Cachexia related to wasting malignancies (including advanced HIV)

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	<p>c. Chronic infections d. Severe trauma e. Failure to achieve and/or maintain at least 90% of ideal body weight without a pathophysiological reason; AND</p> <p>A nutritional consult was performed and nutritional supplementation has been attempted; OR</p> <p>2. A diagnosis of bone pain associated with osteoporosis</p> <p>Anadrol® (oxymetholone)</p> <p>1. An anabolic steroid is required for the treatment of anemia secondary to administration of myelotoxic chemotherapy</p>
Age Restrictions	None
Prescriber Restriction	None
Coverage Duration	12 months
Quantity Limit	None
Other criteria	None

Applicable Coding:

Clinical Background Information and References

1. USP DI® Volume I: Drug Information for the Health Care Professional [Internet database]. Greenwood Village, Colo: Thomson Micromedex. Updated periodically. Accessed May 2007.
2. Product Information: Oxandrin®, oxandrolone. BTG Pharmaceuticals, Inc., Greenville, NC, 2001
3. Product Information: Anadrol-50®, oxymetholone. Alaven Pharmaceuticals, Marietta, GA, 2006.
4. Oxandrolone. Drug Facts and Comparisons. Facts & Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health, Inc; April 2005. Accessed April 28, 2016
5. Anadrol. Drug Facts and Comparisons. Facts & Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health, Inc; April 2005. Accessed April 28, 2016
6. Cicardi, M., Zuraw, B. (2016). Hereditary angioedema: Prophylaxis prior to procedures (short-term prophylaxis). In S. Saini (Ed.), UpToDate. Literature review current through February 2017. Accessed 3/22/17 from: <http://www.uptodate.com/home/index.html>

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Original Approval Date	Original Effective Date	Policy Owner	Approved by
12/1/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee, NH DHHS

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
12/1/2020	9.112 Anabolic Steroids Policy retired, new policy created	1/1/2021	P&T Committee, NH DHHS

Next Review Date

2021

Other Applicable Policies

Reference to Applicable Laws and Regulations, If Any

Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with

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applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

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