

**Pharmacy Policy**

**Anabolic Steroids - Anadrol<sup>®</sup>, oxandrolone**

**Policy Number:** 9.907

**Version Number:** 2.0

**Version Effective Date:** 3/1/2022

Product Applicability <input type="checkbox"/> All Plan+ Products	
<b>Well Sense Health Plan</b> <input type="checkbox"/> New Hampshire Medicaid	<b>Boston Medical Center HealthNet Plan</b> <input type="checkbox"/> MassHealth - MCO <input type="checkbox"/> MassHealth - ACO <input checked="" type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct <input type="checkbox"/> Senior Care Options

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

**Prior Authorization Policy**

**Products Affected:**

- Anadrol<sup>®</sup> (oxymetholone)
- oxandrolone

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

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

\* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

	<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; <b>AND</b></p> <p>A nutritional consult was performed and nutritional supplementation has been attempted; <b>OR</b></p> <p>2. A diagnosis of bone pain associated with osteoporosis</p> <p><b>Anadrol® (oxymetholone)</b></p> <p>1. An anabolic steroid is required for the treatment of anemia secondary to administration of myelotoxic chemotherapy</p>
<b>Age Restrictions</b>	None
<b>Prescriber Restriction</b>	None
<b>Coverage Duration</b>	12 months
<b>Quantity Limit</b>	None
<b>Other criteria</b>	None

**Applicable Coding:**

---

**Clinical Background Information and References**

---

1. Product Information: Oxandrin®, oxandrolone. BTG Pharmaceuticals, Inc., Greenville, NC, 2001
2. Product Information: Anadrol-50®, oxymetholone. Alaven Pharmaceuticals, Marietta, GA, 2006.
3. Oxandrolone. UpToDate [database online]. Waltham, MA : Wolters Kluwer Health, Inc; Accessed November, 2021
4. Anadrol. UpToDate [database online]. Waltham, MA: Wolters Kluwer Health, Inc; Accessed November, 2021

<b>Original Approval Date</b>	<b>Original Effective Date</b>	<b>Policy Owner</b>	<b>Approved by</b>
12/1/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee

\* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

<b>Policy Revisions History</b>			
<b>Review Date</b>	<b>Summary of Revisions</b>	<b>Revision Effective Date</b>	<b>Approved by</b>
12/1/2020	9.112 Anabolic Steroids Policy retired, new policy created	1/1/2021	P&T Committee
11/11/2021	P& T annual review: no changes	3/1/2022	P&T Committee

**Next Review Date**

11/2022

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

\* *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.