



Washington State Early Intervention Program (EIP)

Telephone: 888-311-7632 ext. 2635 or 2605 Fax: 800-848-4241

SUPPLEMENTAL PRIOR AUTHORIZATION APPLICATION

FOR USE OF ANABOLIC STEROIDS (OXANDROLONE) Form A - Initial Request

Prescriber NAME:	Prescriber Phone #:
Prescriber Signature:	Prescriber Fax #:
Pharmacy Name:	NPI or NCPDP #:
Pharmacy Phone#:	Pharmacy Fax #:
Name of Patient:	DOB:
EIP # or Social Security #:	

Oxandrolone: Initial 12-week Approval Authorization

Criteria for use in HIV/AIDS Wasting Syndrome- Medical Eligibility (To be completed by clinician) **Patient must meet ONE of the following criteria:**

1. Body Mass Index (BMI) < 25 kg/m² AND
 - a. 10% unintentional weight loss within the preceding 12 months OR
 - b. 7.5% unintentional weight loss over the preceding 6 months
2. BMI < 20 kg/m²
3. 5% body cell mass (BCM) loss within 6 months AND BMI < 27 kg/m²
4. In males: BCM < 37% body weight AND BMI < 27 kg/m²
5. In females: BCM < 27% body weight AND BMI < 27 kg/m²

ADDITIONAL CRITERIA (Check only those that apply for this patient)

1. A nutrition consultation to assure adequate caloric intake and rule out malabsorption is strongly recommended.
2. An exercise program is recommended.
3. Proper antiretroviral therapy has been prescribed unless there is documentation that no viable antiretroviral therapy options exist (due to multidrug resistance or intolerance).
4. There are no untreated active malignancies (excluding Kaposi's Sarcoma) or opportunistic infections.
5. For Oxandrolone requests for male clients, respond to the following:
 - a. A testosterone level has been done and if low, testosterone replacement attempted and failed prior to use or addition of oxandrolone.
Document dates and dosage of testosterone trial: _____

DOSING LIMITS

1. Oxandrolone: 5mg up to a maximum of 20mg daily. As little as 2.5mg may be required by some patients to achieve the desired response.
Concomitant testosterone allowed if pretreatment levels were low.



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**SUPPLEMENTAL PRIOR AUTHORIZATION APPLICATION
FOR USE OF ANABOLIC STEROIDS (OXANDROLONE) Form B - Refills**

Prescriber NAME:	Prescriber Phone #:
Prescriber Signature:	Prescriber Fax #:
Pharmacy Name:	NPI or NCPDP #:
Pharmacy Phone#:	Pharmacy Fax #:
Name of Patient:	DOB:
EIP # or Social Security #:	

OXANDROLONE: REFILL CRITERIA (To be completed by the patient's clinician)

1. After 12 weeks of therapy, no further refills are allowed within six (6) months of completing therapy unless one of the following criteria is met:
 - a. Unintentional loss of 5% of body weight.
 - b. BCM loss of > 5%.
 - c. The client meets any of the original criteria for use in HIV/AIDS wasting syndrome:
 - 1) Body Mass Index (BMI) < 25 kg/m² AND
 - a) 10% unintentional weight loss within the preceding 12 months OR
 - b) 7.5% unintentional weight loss over the preceding 6 months
 - 2) BMI < 20 kg/m²
 - 3) 5% body cell mass (BCM) loss within 6 months AND BMI < 27 kg/m²
 - 4) In males: BCM < 37% body weight AND BMI < 27 kg/m²
 - 5) In females: BCM < 27% body weight AND BMI < 27 kg/m²
2. If the above criteria are met, a second course of therapy may be given as soon as four (4) weeks after completion of the initial course of therapy.
3. If six (6) months have passed since the initial 12 weeks of therapy, and the client meets the original criteria again, another course of therapy may be covered with the same procedure as listed in the initial approval process.