



Date of Request: _____

Sterling Retiree Rx Prior Authorization Form**OXANDROLONE ANABOLIC STEROIDS (Oxandrolone and Oxymetholone)****Coverage Criteria**

Anemia due to deficient red-cell production; acquired aplastic anemia; myelofibrosis; hypoplastic anemias due to the administration of myelotoxic drugs; short stature associated with Turner Syndrome; Duchenne muscular dystrophy; Becker muscular dystrophy

Exclusion Criteria

Known or suspected carcinoma of the prostate or breast (in male patients), carcinoma of the breast in women with hypercalcemia, pregnancy, nephrosis (the nephrotic phase of nephritis), hypercalcemia. Non FDA approved use.

Member Information

| | | | | | |
|---|--|--------------|--|---------------------|--|
| Name | | | | | |
| Enrollment/Card-holder ID Number | | | | | |
| Group/Plan | | Male | | Female | |
| Date of Birth | | Age | | Weight in Kg | |
| Street Address | | | | | |
| City | | State | | Zip | |

Physician Information

| | | | | | |
|-------------------------|--|---------------------|--|------------|--|
| Name | | | | | |
| Agent | | Contact Name | | | |
| Specialty/Office | | | | | |
| Clinic Name | | | | | |
| Street Address | | | | | |
| City | | State | | Zip | |
| Phone | | Fax | | | |

Requested Drug

| | | |
|------------------------------------|---------------------------|--|
| Oxandrolone | Reason for Request | |
| | | |
| Condition/Diagnosis Related | | |

Clinical Drug/Lab History Pertinent to Request

| | | | |
|--|------------------------|--|------------|
| Labs: Baseline/Ongoing | Strength/Dosage | | |
| | | | |
| Formulary Alternative(s) Attempted? | Yes: | | No: |
| Please List Alternative Formulary Drugs | | | |
| | | | |
| | | | |

| | |
|-----------------|--|
| Comments | |
|-----------------|--|

Physician Signature: _____ Fax Form to 1-877-847-9904