

Fax completed form to: 1-866-868-0858  
Questions, please call: 1-866-316-6049

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## **Important Information About Prescription Drug Coverage**

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To: \_\_\_\_\_ From: \_\_\_\_\_

Fax: \_\_\_\_\_ Pages: \_\_\_\_\_

Re: Anabolic Steroids (Nandrolone decanoate & Oxymetholone (Anadrol-50®): Prior Authorization Request Form: Please respond.

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- Please complete the attached Anabolic Steroids (Nandrolone decanoate & Oxymetholone (Anadrol-50®) Prior Authorization Request Form
- To expedite the review process please complete all requested fields.
- Completed forms should be faxed to: 1-866-868-0858. It is not necessary to fax this cover page.

**Please note:** By signing the attached form you are certifying that the treatment requested is medically necessary. No contraindications are present and precautions have been considered. You will be supervising the patient's treatment. Supporting documentation is available in the patient's record. Signature on this form attests to the fact that the corresponding ICD-9 code has been documented in the patients chart and submitted on a CMS- 1500 form.

### Information about this drug

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Anabolic Steroids (Nandrolone decanoate & Oxymetholone (Anadrol-50®)

Nandrolone is only recommended for the treatment of anemia of renal insufficiency. Oxymetholone is only recommended for the treatment of anemia that is caused by deficient red cell production and acquired or congenital aplastic anemias, myelofibrosis, and/or hypoplastic anemias caused by the administration for myelotoxic drugs.

You can make an expedited request by indicating this at the top of the attached form. If you request an expedited review, and sign the attached form, you certify that applying the 72 hour standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

**Information on the attached form is protected health information and subject to all privacy and security regulations under HIPAA.**

MemberHealth, LLC, PO Box 391197, Solon OH 44139-3911

Last Updated: 04/28/2008

M0018\_TO\_PaTemp\_1107 CMS 11/28/07 H3333/H5421/H7357

# Prior Authorization Request Form

Fax completed form to 1-866-868-0858 Need help? Call 1-866-316-6049

## Patient Information

Name \_\_\_\_\_  
Member ID \_\_\_\_\_  
Medicare ID \_\_\_\_\_  
Date of birth \_\_\_\_\_ Sex: M / F  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_  
Nursing home resident? YES / NO  
Home care patient? YES / NO

## Prescriber and Pharmacy Information

Name \_\_\_\_\_  
Specialty \_\_\_\_\_  
DEA \_\_\_\_\_  
NPI \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Pharmacy name \_\_\_\_\_  
NCPDP \_\_\_\_\_  
NPI \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

## All items below this line are for Physician Use Only

### Information for Requested Drug

Strength: \_\_\_\_\_ Dosage form: \_\_\_\_\_ Qty per 30 days: \_\_\_\_\_ Drug is (circle one): Newly prescribed/Refill  
Directions: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_

Standard Reviews will be completed in under 72 hours. An expedited review is available if you certify that a standard review timeframe will seriously jeopardize the health of your patient. To request an expedited review, simply indicate this at the top of this page.

### Anabolic Steroids (Nandrolone decanoate & Oxymetholone (Anadrol-50<sup>®</sup>) Criteria

- Please indicate agent requested:  
 Nandrolone  Oxymetholone patient
- Please indicate the patient's diagnosis. Select or indicate the correct ICD-9 code. This question must be completed.  
 Renal insufficiency (nandrolone only)(ICD-9: 593.90)  
 Aplastic anemia (ICD-9: 284)  
 Myelofibrosis (ICD-9: 289.83),  
 Drug-induced anemia  
 Deficient red cell production (ICD-9: 281)  
 Other \_\_\_\_\_  
 Carcinoma of the prostate or breast (male patient)  
 Hypersensitivity to the drug or its components  
 Known or suspected pregnancy  
 Nephrosis or the nephrotic phase of nephritis  
 Severe hepatic dysfunction (oxymetholone only)
- Please list specialty of prescribing physician:  
 Other: \_\_\_\_\_  
 hematologist  nephrologist  
 endocrinologist  oncologist
- If nandrolone is requested in the treatment of anemia of renal insufficiency, is the patient intolerant to or have contraindications to epoetin therapy?  
 Yes  No
- Does the patient have any of the following contraindications? (Please specify)  
 Yes  No  
 Carcinoma of the breast with hypercalcemia (female)
- Please indicate patient's hemoglobin:  
 < 10 mg/dL  10- 12 mg/dL  
 > 12 mg/dL

Medical justification: (Attach additional page if necessary): \_\_\_\_\_

Prescriber's signature: \_\_\_\_\_ Date: \_\_\_\_\_