Policy Applies to: Commercial and Medicare plans

Background:

This policy pertains to the testosterone-like products categorized as anabolic steroids which include: Oxymetholone (Anadrol®-50), stanozolol (Winstrol®), oxandrolone (Oxandrin®), and nandrolone decanoate (Deca-Durabolin®).

Testosterone, the primary androgen produced in the testes, is responsible for a variety of physiologic functions which includes: the normal growth and development of male sex organs, maintenance of secondary sex characteristics, stimulating and maintaining sexual function in men, the growth spurt of that seen in adolescence, increasing lean body mass and weight, increasing the formation of clotting factors in the liver, and stimulating the production of red blood cells. Anabolic steroids, products closely related to or derived from testosterone, also possess the same pharmacologic functions as that of the androgens; however, have a much higher ratio of nitrogen-containing properties to increase muscle mass. Depending upon the formulation, testosterone has been shown to have a variable effect on lipid changes.

Anabolic steroids are used as an adjunct in stimulating weight gain in patients after severe illness, injury, or continuing infection, for the treatment of anemias caused by deficient red blood cell production, aplastic or hypoplastic anemias, myelofibrosis, renal insufficiency and prophylaxis of hereditary angioedema.

Anabolic steroids have been used to enhance athletic performance. Athletes are motivated to use these products to increase muscle mass and strength, decrease muscle recovery time to allow more frequent weight training, decrease healing time after muscle injury and increase aggressiveness.

Approval Criteria: When a benefit, anabolic steroids will be approved for the following treatment conditions:

1. Hereditary angioedema
2. Anemias caused by deficient red blood cell production in patients intolerant to erythropoietin, aplastic anemia, myelofibrosis and hypoplastic anemias due to administration of myelotoxic drugs (i.e., antineoplastic adverse reaction, myelosuppression)
and hypoplastic anemias due to administration of myelotoxic drugs (i.e., antineoplastic adverse reaction, myelosuppression) when erythropoietin therapy is inappropriate
3. As adjunctive therapy in stimulating weight gain in men or women with recent significant weight loss following surgery or due to severe illness, continuing infection or severe trauma
4. As adjunctive therapy to offset protein catabolism associated with prolonged administration of corticosteroids or relief of bone pain associated with osteoporosis
5. Alcoholic hepatitis
6. Short stature associated with Turner syndrome
7. HIV-wasting syndrome and HIV-associated muscle weakness
8. Anemias requiring the stimulation of red cell production in patients unable to use erythropoietin due to strict cultural values (e.g. Jehovah’s witness)
9. Fanconi’s Anemia
10. Pure red cell aplasia
11. Anemia of chronic renal failure

Duration of Authorization:

If approved, up to a lifetime authorization may be granted.

Anabolic steroids are not indicated for male contraception and will not be approved for this or any other diagnosis not listed above.

References:

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