

Pharmacy Prior Authorization

AETNA BETTER HEALTH FLORIDA

Oxandrin (Medicaid)

This fax machine is located in a secure location as required by HIPAA regulations.

Complete/review information, sign and date. Fax signed forms to Aetna Better Health Florida at 1-855-799-2554.

When conditions are met, we will authorize the coverage of Oxandrin (Medicaid).

Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

**Drug Name (circle drug)**

Oxandrin (oxandrolone)

Other, specify drug \_\_\_\_\_

Quantity \_\_\_\_\_ Frequency \_\_\_\_\_ Strength \_\_\_\_\_

Route of administration \_\_\_\_\_ Expected length of therapy \_\_\_\_\_

**Patient information**

Patient name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Patient Group No.: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient phone: \_\_\_\_\_

**Prescribing physician**

Physician name: \_\_\_\_\_

Specialty: \_\_\_\_\_ NPI number: \_\_\_\_\_

Physician fax: \_\_\_\_\_ Physician phone: \_\_\_\_\_

Physician address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **ICD Code:** \_\_\_\_\_

**Circle the appropriate answer for each question.**

- 1. Is the requested drug being prescribed as adjunctive treatment for weight gain following weight loss after prolonged administration of corticosteroids, chronic infections, extensive surgery or severe trauma? Y    N

[If yes, then no further questions.]

2. Is the requested drug being prescribed for relief of bone pain associated with osteoporosis? Y N

**Comments:**

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I affirm that the information given on this form is true and accurate as of this date.

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**Prescriber (Or Authorized) Signature** **Date**