Anabolic steroids have been reported to increase low-density lipoproteins and sometimes high-density lipoproteins. These changes may be very marked and could have a serious impact on the risk of atherosclerosis and coronary artery disease.

CONTRAINdications

1. Known or suspected carcinoma of the prostate or the male breast.
2. Carcinoma of the breast in females with hypercalcemia (androginic anabolic steroids may stimulate osteolytic bone resorption).
3. Pregnancy, because of possible masculinization of the fetus. Oxandrolone has been shown to cause embryotoxicity, fetotoxicity, infertility, and masculinization of female animal offspring when given in doses 9 times the human dose.
4. Nephrosis, the nephrotic phase of nephritis.
5. Hypercalcemia.

WARNINGS

Peliosis hepatis, a condition in which liver and sometimes splenic tissue is replaced with blood-filled cysts, has been reported in patients receiving androgenic anabolic steroid therapy. These cysts are sometimes present with minimal hepatic dysfunction, but at other times they have been associated with liver failure. They are often not recognized until life-threatening liver failure or intra-abdominal hemorrhage develops. Withdrawal of drug usually results in complete disappearance of lesions. Liver cell tumors are also reported. Most often these tumors are benign and androgen-dependent, but fatal malignant tumors have been reported. Withdrawal of drug often results in regression or cessation of progression of the tumor. However, hepatic tumors associated with androgens or anabolic steroids are much more vascular than other hepatic tumors and may be silent until life-threatening intra-abdominal hemorrhage develops. Blood lipid changes that are known to be associated with increased risk of atherosclerosis are seen in patients treated with androgens or anabolic steroids. These changes include decreased high-density lipoproteins and sometimes increased low-density lipoproteins. The changes may be very marked and could have a serious impact on the risk of atherosclerosis and coronary artery disease.

Cholestatic hepatitis and jaundice may occur with 17-α-alkylated androgens at a relatively low dose. If cholestatic hepatitis with jaundice appears or if liver function tests become abnormal, oxandrolone should be discontinued and the etiology should be determined. Drug-induced jaundice is reversible when the medication is discontinued.

In patients with breast cancer, anabolic steroid therapy may cause hypercalcemia by stimulating osteolysis. Oxandrolone therapy should be discontinued if hypercalcemia occurs.

Edema with or without congestive heart failure may be a serious complication in patients with pre-existing cardiac, renal, or hepatic disease. Concomitant administration of adrenal cortical steroid or ACTH may increase the edema.

In children, androgen therapy may accelerate bone maturation without producing compensatory gain in linear growth. This adverse effect results in compromised adult height. The younger the child, the greater the risk of compromising final mature height. The effect on bone maturation should be monitored by assessing bone age of the left wrist and hand every 6 months (See PRECAUTIONS: Laboratory Tests).

Geriatric patients treated with androgenic anabolic steroids may be at an increased risk for the development of prostatic hypertrophy and prostatic carcinoma. Anabolic steroids have not been shown to enhance athletic ability.

PRECAUTIONS

Concurrent dosing of oxandrolone with warfarin may result in unexpectedly large increases in the INR or prothrombin time (PT). When oxandrolone is prescribed to patients being treated with warfarin, doses of warfarin may need to be decreased significantly to maintain the desirable INR level and diminish the risk of potentially serious bleeding (See PRECAUTIONS: Drug Interactions).

General:

Women should be observed for signs of virilization (deepening of the voice, hirsutism, acne, clitoromegaly). Discontinuation of drug therapy at the time of evidence of mild virilism is necessary to prevent irreversible virilization. Some virilizing changes in women are irreversible even after prompt discontinuance of therapy and are not prevented by concomitant use of estrogens. Menstrual irregularities may also occur.

Anabolic steroids may cause suppression of clotting factors II, V, VII, and X, and an increase in prothrombin time.

Information for patients:

The physician should instruct patients to report immediately any use of warfarin and any bleeding.

The physician should instruct patients to report any of the following side effects of androgens:

Males: Too frequent or persistent erections of the penis, appearance or aggravation of acne.
Females: Hoarseness, acne, changes in menstrual periods, or more facial hair.
All patients: Nausea, vomiting, changes in skin color, or ankle swelling.

Geriatric Use:

Oxandrin, at daily doses of 5 mg bid, and 10 mg bid, was evaluated in four clinical trials involving a total of 339 patients with different underlying medical conditions. The maximum duration of treatment was 4 months with the average duration of treatment from 68.5 days to 94.7 days across the studies. A total of 212 elderly patients (≥ 65 years of age) received Oxandrin treatment. Mean weight gain was similar in those ≥ 65 and those < 65 years of age. No significant differences in efficacy were detected between the 5 mg bid and 10 mg bid daily doses. The adverse event profiles were similar between the two age groups although the elderly, particularly in women, had a greater sensitivity to fluid retention and increases in hepatic transaminases. A single dose pharmacokinetic study in elderly volunteers revealed an increased half-life when compared to younger volunteers. (see CLINICAL PHARMACOLOGY) Based on greater sensitivity to drug-induced fluid retention and transaminase elevations, a lower dose is recommended in the elderly (see DOSAGE AND ADMINISTRATION).

Labaratory Tests:

Women with disseminated breast carcinoma should have frequent determination of urine and serum calcium levels during the course of therapy. (See WARNINGS)
Adrenal steroids or ACTH:
In patients with edema, concomitant administration with adrenal cortical steroids or ACTH may increase the edema.

Drug/Laboratory test interactions:
Anabolic steroids may decrease serum chemistries including total T4, T3 resin, TSH, and the free T3 and T4. Free thyroid hormone levels remain unchanged. In addition, a decrease in PBI and reactive iodine uptake may occur.

Carcinogenesis, mutagenesis, impairment of fertility

Animal data:
Oxandrolone has not been tested in laboratory animals for carcinogenic or mutagenic effects. In 2-year chronic oral rat studies, a dose-related reduction of spermatogenesis and decreased organ weights (testes, prostate, seminal vesicles, ovaries, uterus, adrenals, and pituitary) were shown.

Human data:
Liver cell tumors have been reported in patients receiving long-term therapy with androgenic anabolic steroids in high doses. (See WARNINGS). Withdrawal of the drugs did not lead to regression of the tumors in all cases.

Geriatric patients treated with androgenic anabolic steroids may be at an increased risk for the development of prostatic hypertrophy and prostatic carcinoma.

Pregnancy: Teratogenic effects-Pregnancy Category X (See CONTRAINDICATIONS).

Nursing mothers:
It is not known whether anabolic steroids are excreted in human milk. Because of the potential of serious adverse reactions in nursing infants from oxandrolone, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric use:
Anabolic agents may accelerate epiphyseal maturation more rapidly than linear growth in children and the effect may continue for 6 months after the drug has been stopped. Therefore, therapy should be monitored by x-ray studies at 6-month intervals in order to avoid the risk of compromising adult height. Androgenic anabolic steroid therapy should be used very cautiously in children and only by specialists who are aware of the effects on bone maturation (See WARNINGS).

OVERDOSE
No symptoms or signs associated with overdose have been reported. It is possible that sodium and water retention may occur.

The oral LD50 of oxandrolone in mice and dogs is greater than 5,000 mg/kg. No specific antidote is known, but gastric lavage may be used.

DOSAGE AND ADMINISTRATION
Therapy with anabolic steroids is adjunctive to and not a replacement for conventional therapy. The duration of therapy with Oxandrin (oxandrolone)

HOW SUPPLIED
Oxandrin 2.5 mg tablets are oval, white, and scored with BTG on one side and “11” on each side of the scoreline on the other side; bottles of 100 (NDC 54396-111-11).
Oxandrin 10 mg tablets are capsule shaped, white, with BTG on one side and “10” on the other side; bottles of 60 (NDC 54396-110-60).

Rx only Issued: January, 2006

Manufactured for
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Greenville, NC 27834

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(oxandrolone tablets, USP)CIII

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