

TESTOSTERONE PRODUCTS

GPI CODING:

Age Edit:

Android	23100020000105
Testim/AndroGel	23100030004030
Striant	23100030006320
Fortesta	23100030004070
Androderm	231000300085**
Testred	231000200001**
Axiron	23100030002020
Depo-Testosterone/Testosterone Cypionate	23100030101710, 23100030101715
Delatestryl/Testosterone Enanthate	23100030201710
AndroGel	23100030004025, 23100030004040, 23100030004044, 23100030004047, 23100030004050

Step Therapy:

Android	23100020000105
Testim (for ST)	66887-0001**
Striant	23100030006320
Fortesta	23100030004070
Androderm	231000300085**
Testred	231000200001**

DESCRIPTION:

Topical gel, topical solution, and transdermal formulations of testosterone are indicated for male hypogonadism (primary or hypogonadotropic/testosterone deficiency). The goal of testosterone replacement therapy is inducing and maintaining secondary sex characteristics, improving sexual function, a sense of wellbeing, and bone mineral density.

APPROVAL DURATION:

3 years

CRITERIA FOR TESTOSTERONE REPLACEMENT THERAPY

For all patients <40 years of age:

- I. The patient does not have suspected or known prostate cancer or breast cancer **AND**
- II. The patient does not have signs and symptoms of uncontrolled heart failure **AND**
- III. The patient's hematocrit <54% or treatment will be stopped until it reaches <54% **AND**
- IV. If requesting AndroGel/Striant, the patient does not have an allergy to soy **AND**
- V. If used for a patient under the age of 18, testosterone is being used to treat delayed puberty and bone development monitored at least every six months **OR**
- VI. The patient has confirmed low testosterone levels as measured by morning laboratory measurements on two separate occasions (laboratory reference values must be included):

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- a. Total serum testosterone AND/OR
- b. Free testosterone AND/OR
- c. Bioavailable testosterone

For all patients requesting a non-preferred topical product:

- I. The patient must have tried and failed 1 preferred androgen (Androgel or Axiron) for a minimum 60 day period, unless there was an intolerance