BlueCross BlueShield
Federal Employee Program

TESTOSTERONE ORAL / BUCCAL / NASAL AGENTS
Methitest (methyltestosterone tablet)
methyltestosterone capsule
Natesto (testosterone nasal gel)
Striant (testosterone buccal system)
Jatenzo, Kyzatrex, Tlando* (testosterone undecanoate capsule)

*Non-covered medications must go through prior authorization and the formulary exception

Pre - PA Allowance

None

Prior-Approval Requirements

Age 12 years of age or older
Gender Male

Methitest and methyltestosterone capsule **ONLY**

Diagnosis

Patient must have the following:

Delay in sexual development and/or puberty

a. **NO** dual therapy with another testosterone product

AND confirmation that the following will be monitored every 6 months:

1. Assessment of bone age of the hand and wrist (as determined by radiographic evidence)
2. Liver function tests
3. Hematocrit levels

Age 18 years of age or older
Gender Female only

Methitest and methyltestosterone capsule **ONLY**

Diagnosis

Patient must have the following:

1. Inoperable metastatic breast or mammary cancer
2. The patient has received at least one prior therapy

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3. **NO** dual therapy with another testosterone product

AND confirmation that the following will be monitored every 6 months:
   a. Hypercalcemia and agreement to discontinue the drug if present
   b. Liver function tests
   c. Hematocrit level

Age 18 years of age or older
Gender Male

Diagnosis

Patient must have the following:

Deficiency of testosterone (hypogonadism)

AND ALL of the following:
1. Two morning total testosterone levels less than 300 ng/dL on different days
2. Patients over 40 years of age must have baseline PSA less than 4 ng/ml
   a. Prostatectomy patients excluded from the requirement
3. Absence of current prostate cancer / palpable prostate nodules
4. Hematocrit less than 54%
5. Patients with concurrent diagnosis of benign prostatic hypertrophy (BPH) **ONLY**: patient will be monitored for worsening of BPH symptoms
6. Evaluation of cardiovascular risk for myocardial infarction (MI), angina, stroke
7. Absence of untreated sleep apnea
8. **NO** dual therapy with another testosterone product

AND NONE of the following (Natesto **ONLY**):
1. Chronic nasal conditions or alterations in nasal anatomy

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Diagnosis

Patient must have the following:

Gender Dysphoria (GD)

1. Female to male transition
2. **NO** dual therapy with another testosterone product

Prior - Approval Limits

Oral Testosterone	Gender	Quantity	Days Supply
Methitest	Male	450 tablets	90
	Female	1800 tablets	90
methyltestosterone capsule	Male	450 capsules	90
	Female	1800 capsules	90
Jatenzo	Male (adult only)	158 mg = 360 capsules	90
		198 mg = 360 capsules	90
		237 mg = 180 capsules	90
	Female (for GD only)	158 mg = 360 capsules	90
		198 mg = 360 capsules	90
		237 mg = 180 capsules	90
Kyzatrex	Male (adult only)	360 capsules	90
	Female (for GD only)	360 capsules	90
Natesto nasal gel	Male (adult only)	66 grams (9 bottles)	90
	Female (for GD only)	66 grams (9 bottles)	90
Striant buccal system	Male (adult only)	180 buccal systems (3 boxes)	90
	Female (for GD only)	180 buccal systems (3 boxes)	90

Oral Testosterone with	Gender	Quantity	Days

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approved FE only			Supply
Tlando	Male (adult only)	360 capsules	90
	Female (for GD only)	360 capsules	90

Duration 6 months for all diagnoses except GD
2 years for GD (**age ≥ 19 years**)
Until end of plan year for GD (**age < 19 years**)

Prior – Approval *Renewal* Requirements

Age 12 years of age or older
Gender Male

Methitest and methyltestosterone capsule **ONLY**

Diagnosis

Patient must have the following:

Delay in sexual development and/or puberty

a. **NO** dual therapy with another testosterone product

AND confirmation that the following will be monitored every 6 months:

1. Assess bone age of the hand and wrist (as determined by radiographic evidence)
2. Liver function tests
3. Hematocrit levels

Age 18 years of age or older
Gender Female only

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Methitest and methyltestosterone capsule **ONLY**

Diagnosis

Patient must have the following:

1. Inoperable metastatic breast or mammary cancer
2. The patient has received at least one prior therapy
3. **NO** dual therapy with another testosterone product

AND confirmation that the following will be monitored every 6 months:

a. Hypercalcemia and agreement to discontinue the drug if present
b. Liver function tests
c. Hematocrit level

Age 18 years of age or older
Gender Male

Diagnosis

Patient must have the following:

Deficiency of testosterone (hypogonadism)

AND ALL of the following:

1. Total testosterone levels of 800 ng/dL or less
2. Patients with concurrent diagnosis of benign prostatic hypertrophy (BPH) **ONLY**: absence of worsening of BPH symptoms
3. Re-evaluation of cardiovascular risk for MI, angina, stroke
4. **NO** dual therapy with another testosterone product

AND confirmation that the following are being monitored every 12 months:

1. Serum testosterone concentrations

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2. Prostate specific antigen (PSA) for patients over 40 years of age
    a. Prostatectomy patients excluded from the requirement
3. Hematocrit levels

Diagnosis

Patient must have the following:

Gender Dysphoria (GD)

1. Female to male transition
2. **NO** dual therapy with another testosterone product

Prior Approval *Renewal* Limits

Oral Testosterone	Gender	Quantity	Days Supply
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	Female (for GD only)	180 buccal systems (3 boxes)	90

Oral Testosterone with approved FE only	Gender	Quantity	Days Supply
Tlando	Male (adult only)	360 capsules	90
	Female (for GD only)	360 capsules	90

Duration 12 months for all diagnoses except GD
2 years for GD (**age ≥ 19 years**)
Until end of plan year for GD (**age < 19 years**)