

TESTOSTERONE TOPICAL AGENTS

(Androderm patch, AndroGel packets and pump, Axiron solution, Fortesta gel, Testim gel, Vogelxo)

Pre - PA Allowance

None

Prior-Approval Requirements

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 prostate specific antigen (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. If concurrent diagnosis of benign prostatic hypertrophy (BPH), then patient will be monitored for worsening symptoms
6. Evaluation of cardiovascular risk for MI, angina, and stroke
7. Absence of un-treated sleep apnea
8. **NO** dual therapy with another testosterone product

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**Quantity**

Testosterone Product	Quantity	Days Supply
Androderm 2mg patches	180	90
Androderm 4mg patches	180	90

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Any combination of Androderm that does not exceed 8 mg/day		
AndroGel 1% 25mg packets	360 (12 boxes)	90
AndroGel 1% 50mg packets	180 (6 boxes)	90
AndroGel 1.62% 20.25mg packets	360 (12 boxes)	90
AndroGel 1.62% 40.5mg packets	180 (6 boxes)	90
AndroGel 1% pump	12 bottles	90
AndroGel 1.62% pump	6 bottles	90
Axiron 30mg/1.5mL solution	6 bottles	90
Fortesta pump	6 bottles	90
Testim	180 tubes (6 cartons)	90
Vogelxo 1% 50mg packets	180 (6 boxes)	90
Vogelxo 1% 50mg tubes	180 (6 boxes)	90
Vogelxo 1% 1.25g pump	12 bottles	90

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

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Gender Male

Diagnosis

Patient must have the following:

Deficiency of testosterone (hypogonadism)

AND the following:

1. Total testosterone levels of 800 ng/dL or less
2. Absence of worsening effects of benign prostatic hypertrophy (BPH), if present
3. Re-evaluation of cardiovascular risk for MI, angina, stroke
4. **NO** dual therapy with another testosterone product

AND confirmation that the following will be monitored every 12 months:

TESTOSTERONE TOPICAL AGENTS

(Androderm patch, AndroGel packets and pump, Axiron solution, Fortesta gel, Testim gel, Vogelxo)

1. Serum testosterone concentrations
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

Quantity

Testosterone Product	Quantity	Days Supply
Androderm 2mg patches	180	90
Androderm 4mg patches	180	90
Any combination of Androderm that does not exceed 8 mg/day		
AndroGel 1% 25mg packets	360 (12 boxes)	90
AndroGel 1% 50mg packets	180 (6 boxes)	90
AndroGel 1.62% 20.25mg packets	360 (12 boxes)	90
AndroGel 1.62% 40.5mg packets	180 (6 boxes)	90
AndroGel 1% pump	12 bottles	90
AndroGel 1.62% pump	6 bottles	90
Axiron 30mg/1.5mL solution	6 bottles	90
Fortesta pump	6 bottles	90
Testim	180 tubes (6 cartons)	90
Vogelxo 1% 50mg packets	180 (6 boxes)	90
Vogelxo 1% 50mg tubes	180 (6 boxes)	90
Vogelxo 1% 1.25g pump	12 bottles	90

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