

# PRIOR AUTHORIZATION CRITERIA

<b>DRUG CLASS</b>	<b>TESTOSTERONE PRODUCTS</b>
<b>BRAND NAME (generic)</b>	<b>ANDRODERM</b> (testosterone transdermal patch)
	<b>ANDROGEL</b> (testosterone topical gel)
	<b>AXIRON</b> (testosterone topical solution)
	<b>DELATESTRYL</b> (testosterone enanthate injection)
	<b>DEPO-TESTOSTERONE</b> (testosterone cypionate injection)
	<b>FORTESTA</b> (testosterone topical gel)
	<b>NATESTO</b> (testosterone nasal gel)
	<b>STRIANT</b> (testosterone mucoadhesive buccal system)
	<b>TESTIM</b> (testosterone topical gel)
	<b>TESTOPEL</b> (testosterone propionate implant pellets)
	<b>VOGELXO</b> (testosterone topical gel)
	<b>XYOSTED</b> (testosterone enanthate)

**Status: CVS Caremark Criteria**  
**Type: Initial Prior Authorization**

## POLICY

Testosterone Products TGC Policy 1210-A 02-2018 (2)

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## **FDA-APPROVED INDICATIONS**

Topical, buccal, nasal, implant, and injectable testosterone products are indicated for replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone.

Primary hypogonadism (congenital or acquired) - testicular failure due to conditions such as cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, orchiectomy, Klinefelter Syndrome, chemotherapy, or toxic damage from alcohol or heavy metals. These men usually have low serum testosterone concentrations and gonadotropins (FSH, LH) above the normal range.

Hypogonadotropic hypogonadism (congenital or acquired) - gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency or pituitary-hypothalamic injury from tumors, trauma, or radiation. These men have low testosterone serum concentrations but have gonadotropins in the normal or low range.

## **Limitations of Use**

Safety and efficacy of topical, buccal, nasal, implant, and injectable testosterone products in men with “age-related hypogonadism” (also referred to as “late-onset hypogonadism”) have not been established.

Safety and efficacy of topical, buccal, nasal, implant, and injectable testosterone products in males less than 18 years old have not been established.

Topical testosterone products may have different doses, strengths or application instructions that may result in different systemic exposure.

## **Delatestryl Males**

Delatestryl (Testosterone Enanthate Injection) is indicated for replacement therapy in conditions associated with a deficiency or absence of endogenous testosterone.

Primary hypogonadism (congenital or acquired) - testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, or orchiectomy.

Hypogonadotropic hypogonadism (congenital or acquired) - gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency, or pituitary-hypothalamic injury from tumors, trauma, or radiation. (Appropriate adrenal cortical and thyroid hormone replacement therapy are still necessary, however, and are actually of primary importance).

If the above conditions occur prior to puberty, androgen replacement therapy will be needed during the adolescent years for development of secondary sexual characteristics. Prolonged androgen treatment will be required to maintain sexual characteristics in these and other males who develop testosterone deficiency after puberty.

Safety and efficacy of Delatestryl in men with “age-related hypogonadism” (also referred to as “late-onset hypogonadism”) have not been established.

Delayed puberty - Delatestryl (Testosterone Enanthate Injection) may be used to stimulate puberty in carefully selected males with clearly delayed puberty. These patients usually have a familial pattern of delayed puberty that is not secondary to a pathological disorder; puberty is expected to occur spontaneously at a relatively late date. Brief treatment with conservative doses may occasionally be justified in these patients if they do not respond to psychological support. The potential adverse effect on bone maturation should be discussed with the patient and parents prior to androgen administration. An X-ray of the hand and wrist to determine bone age should be obtained every six months to assess the effect of treatment on the epiphyseal centers.

## **Females**

Metastatic Mammary Cancer - Delatestryl (Testosterone Enanthate Injection) may be used secondarily in women with advancing inoperable metastatic (skeletal) mammary cancer who are one to five years postmenopausal. Primary goals of therapy in these women include ablation of the ovaries. Other methods of counteracting estrogen activity are adrenalectomy, hypophysectomy, and/or anti-estrogen therapy. This treatment has also been used in pre-menopausal women with breast cancer who have benefited from oophorectomy and are considered to have a hormone-responsive tumor. Judgment concerning androgen therapy should be made by an oncologist with expertise in this field.

## **Depo-Testosterone**

Depo-Testosterone Injection is indicated for replacement therapy in the male in conditions associated with symptoms of deficiency or absence of endogenous testosterone.

Primary hypogonadism (congenital or acquired) - testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testes syndrome; or orchiectomy.

Hypogonadotropic hypogonadism (congenital or acquired) - gonadotropic or LHRH deficiency, or pituitary- hypothalamic injury from tumors, trauma or radiation.

Safety and efficacy of Depo-Testosterone (testosterone cypionate) in men with “age-related hypogonadism” (also referred to as “late-onset hypogonadism”) have not been established.

#### Compendial Uses

Gender Dysphoria in transgender male patients<sup>13-14, 17-20</sup>

### **Testopel**

#### **Males**

Androgens are indicated for replacement therapy in conditions associated with a deficiency or absence of endogenous testosterone.

Primary hypogonadism (congenital or acquired) - testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testes syndrome; or orchiectomy.

Hypogonadotropic hypogonadism (congenital or acquired) - gonadotropic LHRH deficiency, or pituitary - hypothalamic injury from tumors, trauma or radiation.

If the above conditions occur prior to puberty, androgen replacement therapy will be needed during the adolescent years for development of secondary sex characteristics. Prolonged androgen treatment will be required to maintain sexual characteristics in these and other males who develop testosterone deficiency after puberty.

Safety and efficacy of Testopel (testosterone pellets) in men with “age-related hypogonadism” (also referred to as “late-onset hypogonadism”) have not been established.

Androgens may be used to stimulate puberty in carefully selected males with clearly delayed puberty. These patients usually have a familial pattern of delayed puberty that is not secondary to a pathological disorder; puberty is expected to occur spontaneously at a relatively late date. Brief treatment with conservative doses may occasionally be justified in these patients if they do not respond to psychological support. The potential adverse effect on bone maturation should be discussed with the patient and parents prior to androgen administration. An x-ray of the hand and wrist to determine bone age should be taken every 6 months to assess the effect of treatment on epiphyseal centers.

### **Xyosted**

Xyosted (testosterone enanthate) injection is an androgen indicated for testosterone replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone:

- Primary hypogonadism (congenital or acquired): testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, orchiectomy, Klinefelter's syndrome, chemotherapy, or toxic damage from alcohol or heavy meals. These men usually have low serum testosterone concentrations and gonadotropins (follicle-stimulating hormone [FSH], luteinizing hormone [LH]) above the normal range.
- Hypogonadotropic hypogonadism (congenital or acquired): gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency or pituitary-hypothalamic injury from tumors, trauma, or radiation. These men have low testosterone serum concentrations but have gonadotropins in the low or normal range.

#### Limitations of Use

- Safety and efficacy of Xyosted in adult males with “age-related hypogonadism” (also referred to as “late-onset hypogonadism”) have not been established.
- Safety and efficacy of Xyosted in males less than 18 years of age have not been established.

### **COVERAGE CRITERIA**

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for primary or hypogonadotropic hypogonadism [Note: Safety and efficacy of testosterone products in patients with “age-related hypogonadism” (also referred to as “late-onset hypogonadism”) have not been established.]

#### **AND**

- Before the start of testosterone therapy, the patient has at least two confirmed low testosterone levels according to current practice guidelines or your standard male lab reference values **OR**

- For continuation of testosterone therapy: before the patient started testosterone therapy, the patient had a confirmed low testosterone level according to current practice guidelines or your standard male lab reference values

OR

- The requested drug is being prescribed for gender dysphoria in a transgender male patient who is 14 years of age or older and able to make an informed, mature decision to engage in therapy

OR

- Testosterone enanthate injection (generic Delatestryl) or testosterone propionate implant pellets (Testopel) is being prescribed for delayed puberty

OR

- Testosterone enanthate injection (generic Delatestryl) is being prescribed for inoperable metastatic breast cancer in a patient who is 1 to 5 years postmenopausal AND the patient had an incomplete response to other therapy for metastatic breast cancer

OR

- Testosterone enanthate injection (generic Delatestryl) is being prescribed for a pre-menopausal patient with breast cancer who has benefited from oophorectomy and is considered to have a hormone-responsive tumor

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