

Testosterone undecanoate (Aveed™)

Place of Service
Office Administration
Outpatient Facility Infusion
Administration
Infusion Center Administration

Use HCPC: J3145 per 1mg

NDC: 67979-0511-43

Condition listed in policy (see criteria for details)

- Hypogonadism in adult males

AHFS therapeutic class: Androgen

Mechanism of action: Testosterone replacement

(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for testosterone undecanoate (Aveed™) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Hypogonadism in adult males

- Documentation of low testosterone confirmed by laboratory testing performed on at least **two** separate days (*please submit lab*),
AND
- Patient is a male age 18 or older, AND
- Inadequate response or intolerance to a generic long-acting testosterone injection [testosterone cypionate or enanthate] AND
- Inadequate response or intolerance to a topical testosterone

Covered dose:

750mg IM at Weeks 0 and Week 4, then every 10 weeks thereafter

Coverage period:

Yearly based on continued response to therapy

ICD-9:

257.2

ICD-10:

E29.1

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for testosterone undecanoate (Aveed™) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT COVERED for the following condition(s)

The following conditions and other indications not listed in this policy do not meet the coverage criteria established by the Blue Shield of CA P&T Committee and are NOT-COVERED. Please refer to the user guide for more information.

(5) Additional Information

How supplied: 750 mg/3 mL (250 mg/mL) injectable solution in single use vials

(6) References

- Aveed™ Prescribing Information. Endo Pharmaceuticals 2017.
- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- 1. American Association of Clinical Endocrinologists Position Statement on the Association of Testosterone and Cardiovascular Risk. Endocr Pract 2015;21:1066-1073. Available at: <https://www.aace.com/files/position-statements/ep14434ps.pdf>

(7) Policy Update

Date of previous review: 3Q2017

Date of next review: 3Q2018

Changes from previous policy version:

- No change to policy following routine review

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*