

## TESTOSTERONE AGENTS

### Applies To:

methyltestosterone 10mg capsule (ANDROID)  
 methyltestosterone 10mg capsule (TESTRED)  
 methyltestosterone 10mg tablet (METHITEST)  
 testosterone 12.5 mg/pump (1%) bottle (ANDROGEL, VOGELXO)  
 testosterone 25 mg/2.5 gm (1%) gel packet (ANDROGEL)  
 testosterone 50 mg/5gm (1%) gel (ANDROGEL, VOGELXO, TESTIM)  
 testosterone 20.25 mg/pump (1.62%) pump (ANDROGEL)  
 testosterone 20.25 mg/1.25gm (1.62%) packet (ANDROGEL)  
 testosterone 40.5 mg/2.5gm (1.62%) packet (ANDROGEL)  
 testosterone 30 mg/pump solution (AXIRON)  
 testosterone 10 mg/pump (2%) gel (FORTESTA)  
 testosterone/24hr patch 2 mg, 4 mg (ANDRODERM)  
 testosterone nasal gel (NATESTO)  
 testosterone enanthate auto-injector (XYOSTED)  
 testosterone undecanoate capsule (JATENZO)  
 testosterone undecanoate capsule (TLANDO)  
 testosterone undecanoate capsule (KYZATREX)

### Diagnoses Considered for Coverage:

- Breast cancer (palliative treatment) – *Android, Methitest, Testred only*
- Delayed male puberty - *Android, Methitest, Testred only*
- Testosterone replacement in men for conditions associated with a deficiency or absence of endogenous testosterone (hypogonadism) – *all agents*
- Testosterone treatment for transgender patient – *all agents*

### Coverage Criteria:

#### For methyltestosterone (ANDROID, TESTRED, METHITEST):

- Dose does not exceed FDA label maximum, and
- One of the following:
  - Being used for testosterone deficiency in male (hypogonadism), or
  - Being used as testosterone therapy for transgender patient, or
  - Being used for delayed male puberty, or
  - Being used for palliative treatment of breast cancer.

#### For testosterone (ANDROGEL, TESTIM, VOGELXO, FORTESTA, AXIRON, NATESTO, ANDRODERM, XYOSTED, JATENZO, TLANDO):

- One of the following:
  - Being used for testosterone deficiency in male (hypogonadism), or

- Being used as testosterone therapy for transgender patient,  
**AND**

- Meets the below criteria:

<p>testosterone gel (Androgel, Testim, Vogelxo)</p> <p>testosterone solution (Axiron)</p> <p>testosterone 2% gel (Fortesta)</p>	<ul style="list-style-type: none"> <li>• Dose does not exceed FDA label maximum.</li> </ul>
<p>testosterone patch (Androderm)</p> <p>testosterone capsule (Jatenzo)</p> <p>testosterone nasal gel (Natesto)</p> <p>testosterone capsule (Tlando)</p> <p>testosterone capsule (Kyzatrex)</p>	<ul style="list-style-type: none"> <li>• Dose does not exceed FDA label maximum, <b>and</b></li> <li>• Inadequate response or intolerable side effect to one preferred topical testosterone agent OR contraindication to all preferred topical testosterone agents.</li> </ul>
<p>testosterone enanthate (Xyosted)</p>	<ul style="list-style-type: none"> <li>• Dose does not exceed 100 mg per week, <b>and</b></li> <li>• One of the following: <ul style="list-style-type: none"> <li>• Being used for testosterone deficiency in male (hypogonadism), <b>or</b></li> <li>• Being used as testosterone therapy for transgender patient, <b>AND</b></li> </ul> </li> <li>• Inadequate response or intolerable side effect to ONE preferred injectable testosterone (e.g., IM testosterone cypionate, IM testosterone enanthate), <b>AND</b></li> <li>• Inadequate response or intolerable side effect to ONE preferred topical testosterone agent:</li> </ul>

### Preferred Topical Testosterone Agents

testosterone 1% gel

	testosterone 1.62% gel testosterone 2% gel testosterone 30 mg solution	
<b>Coverage Duration:</b> one year		

Effective Date: 1/31//2024