

Aveed (testosterone undecanoate injectable)
Effective 10/01/2021

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

Overview

Aveed is indicated for testosterone replacement in adult males for conditions associated with a deficiency or absence of endogenous testosterone.

Coverage Guidelines

Authorization may be granted for new members to the plan who are currently receiving treatment with Aveed excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members diagnosed with any of following conditions when all the criteria are met, and documentation is provided:

1. The member is ≥ 18 years of age
2. The provider has submitted at least two confirmed low pretreatment morning serum total testosterone concentrations based on the reference laboratory range or current practice guidelines
3. The member meets ONE of the following diagnosis:
 - a. The member is diagnosed with 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 metals. These men usually have low serum testosterone concentrations and gonadotropins (follicle-stimulating hormone [FSH], luteinizing hormone [LH]) above the normal range.
 - b. The member is diagnosed with 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.
 - c. The medication will be used for endocrine treatment of gender dysphoric/gender incongruent persons

Continuation of Therapy

1. Primary or hypogonadotropic hypogonadism:
 - a. The member is not currently receiving Aved therapy through samples or a manufacturer's patient assistance program
 - b. Documentation is submitted which shows the member's testosterone levels are maintained within normal range
2. For Gender dysphoria: the member must meet all initial criteria

Limitations

1. Initial and reauthorization approvals will be granted for 12months.
2. Coverage will not be provided for members using Aved for age-related hypogonadism or late-onset hypogonadism.

References

1. Aved (testosterone undecanoate) [prescribing information]. Malvern, PA: Endo Pharmaceuticals Inc; June 2020

Review History

07/21/2021- Reviewed at July P&T; switched from CVS standard criteria to custom criteria; moved gender criteria from compendial to FDA indication; added reauth criteria for hypogonadism

11/16/2022 – Reviewed for Nov P&T. Separated out MH vs Comm/Exch. No clinical changes.

