

Testosterone Products
Effective 04/01/2023

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input 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

Initial Step-Therapy Requirements:

First-Line: Medications listed on first-line are covered without prior-authorization.

Second-Line: Second-line medications will pay if the member has filled at least two different first-line medications or a second-line medication within the past 180 days.

Coverage Guidelines

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member has had a documented inadequate response or side effect to at least two different 1st-line testosterone products **OR** the member has documented clinical rationale to avoid therapy with all first-line agents.

FIRST-LINE	SECOND-LINE
Testosterone enanthate injection	Androderm patch 2mg/24hr and 4mg/24hr
Testosterone cypionate injection	Testosterone topical solution 30 mg/act (<i>compare to Axiron solution</i>)
Testosterone topical gel 1% (<i>compare to AndroGel or Testim</i>)	Testosterone topical gel 1.62% (<i>compare to AndroGel Pump 1.62%</i>)
Testosterone topical gel pump 1% (<i>compare to Vogelxo</i>)	Testosterone topical 1.62% (<i>compare to AndroGel topical 1.62%</i>)
Testosterone topical gel 2% (<i>compare to Fortesta Gel</i>)	Jatenzo (testosterone undecanoate)
	Kyzatrex (testosterone undeconoate)
	Tlando (testosterone undecanoate)
	Xyosted (testosterone enanthate) auto-injector

NOTE: Testopel is covered on the Medical Benefit only. Please refer to the Medical Specialty Drug list criteria.

References

1. Testim (testosterone) [prescribing information]. Malvern, PA: Endo Pharmaceuticals; April 2018.
2. AndroGel 1% (testosterone) [prescribing information]. North Chicago, IL: AbbVie Inc; May 2015.
3. AndroGel 1.62% (testosterone) [prescribing information]. North Chicago, IL: AbbVie Inc; May 2019

4. Axiron (testosterone) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; February 2017.
5. AndroGel 1.62% (testosterone) [prescribing information]. North Chicago, IL: AbbVie Inc; October 2016.
6. Testosterone gel [prescribing information]. Baudette, MN: Ani Pharmaceuticals, Inc; October 2016.
7. Androderm (testosterone) transdermal system [prescribing information]. Irvine, CA: Allergan USA, Inc; October 2016.
8. 38. Fortesta (testosterone) gel [prescribing information]. Malvern, PA: Endo Pharmaceuticals Inc; July 2017.
9. Bhasin S, Cunningham GR, Hayes FJ, et al. Testosterone therapy in men with androgen deficiency syndromes: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2010;95(6):2536-2559.[PubMed 20525905]
10. Therapeutic activity of testosterone in metastatic breast cancer *Anticancer Res.* 2014 Mar;34(3):1287-90.
11. Hormone therapy for transgender patients: *Journal List Transl Androl Urolv.*5(6); 2016 Dec PMC518222
12. Testosterone Therapy Improves the First Year Height Velocity in Adolescent Boys with Constitutional Delay of Growth and Puberty: *Int J Endocrinol Metab.* 2017 Apr; 15(2): e42311.
13. Xyosted (testosterone) [prescribing information]. Ewing, NJ: Antares Pharma, Inc; September 2018.

Review History

09/18/2017: Reviewed

09/24/2018: Reviewed

01/22/2019: Removed clinical rationale from criteria. Only requirement is trials of other 1st line or 2nd line medications.

03/18/2020: Updated (added Jatenzo to 2nd line agent) (effective 6/1/20)

05/19/2021: Updated and Reviewed; Second line agents updated as generic formulations are now available for Androgel Pump 1.62% and Androgel topical 1.62%; generic testosterone 1.62% (compare to Androgel) replaced Androgel 1.62%. Effective 08/01/2021.

07/20/2022: Updated and Reviewed for July P&T; Added new formulations Tlando as a second line agent. Effective 09/01/2022

09/21/2022: Reviewed and updated for Sept P&T. Added Xyosted as a second line agent. References updated. Separated out Comm/Exch vs. MH. Effective 1/1/2023.

01/11/2023: Reviewed and Updated for Jan P&T; Added new formulation Kyzatrex to ST program as a second line agent. Effective 4/1/2023

