Mass General Brigham
Health Plan

Testosterone Products
Effective 01/01/2026

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

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.

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

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted for members when all the following criteria have been met:

1. Member meets ONE of the following:
    a. Member has had an inadequate response, adverse reaction or contraindication to two first-line agents
    b. Member has had an inadequate response, adverse reaction or contraindication to one second-line agent

References

1. Androderm (testosterone) transdermal system [prescribing information]. Irvine, CA: Allergan USA, Inc; October 2016.

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. 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]
6. Fortesta (testosterone) gel [prescribing information]. Malvern, PA: Endo Pharmaceuticals Inc; July 2017.
7. Hormone therapy for transgender patients: Journal List Transl Androl Urolv.5(6); 2016 Dec PMC518222
8. Testim (testosterone) [prescribing information]. Malvern, PA: Endo Pharmaceuticals; April 2018.
9. Testosterone gel [prescribing information]. Baudette, MN: Ani Pharmaceuticals, Inc; October 2016.

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
10/08/2025 – Reviewed and updated at September P&T. Removed Xyosted, Jatenzo and Kyzatrex from the policy as these agents are moving to nonformulary status. Updated prior authorization language to mirror that of the step therapy configuration. Effective 01/01/2026.