Testosterone Injectable

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Comments
Aveed Injection (testosterone undecanoate) 750mg/3mL	Non-Preferred
Azmiro Injection (testosterone cypionate) 200mg/mL	Non-Preferred
Xyosted Injection (testosterone enanthate) 50mg/0.5mL, 75mg/0.5mL,100mg/0.5mL	Non-Preferred
testosterone enanthate 200mg/mL - generic	Non-Preferred (except in CA SG where on formulary and Preferred)
Depo-Testosterone Injection 100mg/mL, 200mg/mL	Preferred
testosterone cypionate 100mg/mL, 200mg/mL - generic	Preferred

APPROVAL CRITERIA

Testosterone injections for Symptomatic Hypogonadism (Primary or Secondary) in Adults:

I. Requests for testosterone injections **for initiation of replacement therapy** may be approved if the following criteria are met:
   A. Individual is a male; **AND**
   B. Individual is 18 years or older; **AND**
   C. Prior to starting testosterone therapy, an initial and a repeat (at least 24 hours apart) morning total testosterone level confirms a low testosterone serum level indicating one of the following (1 or 2);
      1. Individual is 70 years of age or younger with a serum testosterone level of less than 300 ng/dL; **OR**
      2. Individual is over 70 years of age with a serum testosterone level of less than 200 ng/dL; **AND**
   D. Individual has a diagnosis of **one** of the following (1 or 2):
      1. Primary hypogonadism (congenital or acquired) (for example, bilateral torsion, cryptorchidism, chemotherapy, Klinefelter Syndrome, orchitis, orchiectomy, toxic damage from alcohol or heavy metals, Vanishing Testis Syndrome, idiopathic

primary hypogonadism, age-related hypogonadism [also referred to as late-onset hypogonadism]);
OR

2. Hypogonadotropic hypogonadism (also called secondary hypogonadism) (congenital or acquired) (for example, idiopathic gonadotropic or luteinizing hormone-releasing hormone (LHRH) deficiency, pituitary- hypothalamic injury);

AND

E. Individual presents with symptoms associated with hypogonadism, such as, but not limited, to at least **one** of the following (1 through 9):
   1. Reduced sexual desire (libido) and activity; **OR**
   2. Decreased spontaneous erections; **OR**
   3. Breast discomfort/gynecomastia; **OR**
   4. Loss of body (axillary and pubic) hair, reduced need for shaving; **OR**
   5. Very small (especially less than 5 mL) or shrinking testes; **OR**
   6. Inability to father children or low/zero sperm count; **OR**
   7. Height loss, low trauma fracture, low bone mineral density; **OR**
   8. Hot flushes, sweats; **OR**
   9. Other less specific signs and symptoms including decreased energy, depressed mood/dysthymia, irritability, sleep disturbance, poor concentration/memory, diminished physical or work performance.

II. Requests for testosterone injections **for continuation of replacement therapy** may be approved if the following criteria are met:
   A. Individual met all diagnostic criteria for initial therapy; **AND**
   B. Individual has had serum testosterone level measured in the previous 180 days; **AND**
   C. Individual has obtained clinical benefits as noted by symptom improvement.

Testosterone injections for delayed puberty:

I. Requests for **testosterone enanthate** intramuscular **for treatment of delayed puberty** may be approved if the following criteria are met:
   A. Individual is a male 14 years of age or older; **AND**
   B. Individual is using to stimulate puberty; **AND**
   C. Individual has few to no signs of puberty.

Testosterone injections for breast cancer:

I. Requests for **testosterone enanthate** intramuscular **for treatment of breast cancer** may be approved for treatment if the following criteria are met:
   A. Female 1-5 years post-menopause; **AND**
   B. Individual is using secondarily for advanced inoperable metastatic (skeletal) breast cancer;
   OR
   C. Premenopausal female who has benefited from oophorectomy and is considered to have a hormone responsive tumor.

Testosterone injections for HIV-associated weight loss and wasting:

I. Requests for **testosterone enanthate** intramuscular **OR testosterone cypionate injections for treatment of HIV-associated weight loss and wasting** may be approved if the following criteria are met (AHFS):
   A. Individual has been diagnosed with low testosterone; **AND**
   B. Individual has HIV-associated weight loss and wasting.

Testosterone injections for gender dysphoria/incongruence individuals:

I. Requests for **testosterone injections for gender dysphoria/incongruence individuals** may be approved if the following criteria are met (WPATH 2022):
   A. Individual has a diagnosis of gender dysphoria/incongruence (WPATH 2022, Hembree 2017); **AND**
   B. Individual fulfills the DSM V criteria for gender dysphoria (American Psychiatric Association 2013); **AND**
   C. Individual has experienced puberty to at least Tanner Stage 2 Individual has (early) pubertal changes that have resulted in an increase of their gender dysphoria (Hembree 2017, WPATH 2022)**; AND**
   D. Individual does not suffer from a comorbidity that interferes with the diagnostic work-up or treatment (Hembree 2017); **AND**
   E. Individual has psychological and social support before and during treatment (Hembree 2017); **AND**
   F. Individual has demonstrated knowledge and understanding of the expected risks and outcomes of hormone therapy (Hembree 2017).

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Requests for Aveed Injection (testosterone undecanoate), Azmiro Injection (testosterone cypionate), or Xyosted Injection (testosterone enanthate) must also meet the following criteria:

I. Individual has had a trial and inadequate response or intolerance to two preferred testosterone agents. Medication samples/coupons/discount cards are excluded from consideration as a trial.

   Preferred testosterone agents: testosterone gel (generic AndroGel, generic Fortesta, generic Testim, generic Vogelxo), testosterone solution, Depo-testosterone, generic testosterone cypionate IM, generic testosterone enanthate IM (CA SG only), Testopel.

Testosterone injections may **not** be approved for the following:

I. Untreated obstructive sleep apnea (OSA); **OR**
II. Polycythemia as defined by hematocrit greater than 48% and 50% for men living at higher altitudes (Bhasin et al, 2018); **OR**

III. Severe congestive heart failure (CHF); **OR**
IV. Uncontrolled hypertension; **OR**
V. Known, suspected, or history of prostate cancer unless individual has undergone radical prostatectomy or radiation therapy for prostate cancer, prostate cancer was organ-confined, has been disease free for two (2) years and has an undetectable prostate-specific antigen (PSA) level (such as <0.1 ng/dL); **OR**
VI. Individual is trying to conceive (Mulhall JP, et al, 2018); **OR**
VII. When the above criteria are not met and for all other indications.

Notes:
Aveed (testosterone undecanoate) is an intramuscular injection approved in May 2015. Because Aveed is an oil based injection, it has a black box warning regarding the risks for serious pulmonary oil microembolism (POME) reactions and anaphylaxis. Individuals should be observed in the healthcare setting for 30 minutes post-injection in order to monitor and, if needed, provide for medical treatment in the event of POME or anaphylaxis. Because of this, Aveed is available only through a restricted REMS program (www.aveedrems.com).

Key Referenes:

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