# PRIOR AUTHORIZATION CRITERIA

DRUG CLASS TESTOSTERONE PRODUCTS

BRAND NAME TESTOPEL

(generic) (testosterone propionate implant pellets)

Status: CVS Caremark Criteria
Type: Initial Prior Authorization

## **POLICY**

## **COVERAGE CRITERIA**

- Testopel (testosterone propionate implant pellets) will be covered with prior authorization when the following criteria are met:
  - The drug is being prescribed for a male patient with congenital or acquired primary hypogonadism (i.e., testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, or orchidectomy) OR
  - The drug is being prescribed for a male patient with congenital or acquired hypogonadotropic hypogonadism (i.e., gonadotropin or luteinizing hormone-releasing hormone [LHRH] deficiency, or pituitary-hypothalamic injury from tumors, trauma, or radiation)
  - The patient has NOT received testosterone medication in the last 12 months AND
  - The patient had or currently has at least TWO confirmed low testosterone levels according to current practice guidelines or your standard lab reference values

#### OR

- The drug is being prescribed for a male patient with congenital or acquired primary hypogonadism (i.e., testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, or orchidectomy) OR
- The drug is being prescribed for a male patient with congenital or acquired hypogonadotropic hypogonadism (i.e., gonadotropin or luteinizing hormone-releasing hormone [LHRH] deficiency, or pituitary-hypothalamic injury from tumors, trauma, or radiation)
- The patient has received testosterone medication in the last 12 months AND
- The patient had or currently has at least ONE confirmed low testosterone level according to current practice guidelines or your standard lab reference values

#### OR

The drug is being prescribed for delayed puberty in a male patient

## **REFERENCES**

1. Assurant Health Prior Authorization Approval Policy.