

# PRIOR AUTHORIZATION CRITERIA

<b>DRUG CLASS</b>	<b>TESTOSTERONE PRODUCTS - INJECTABLE</b>
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<b>BRAND NAME (generic)</b>	<b>DEPO-TESTOSTERONE (testosterone cypionate injection)</b>
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**Status: CVS Caremark Criteria**

**Type: Initial Prior Authorization**

## POLICY

### COVERAGE CRITERIA

- Depo-Testosterone (testosterone cypionate injection) 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)

#### **AND**

- 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)

#### **AND**

- 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

## REFERENCES

1. Assurant Health Prior Authorization Approval Policy.