

Pharmacy Policy Bulletin

Title:	Androgens
Policy #:	Rx.01.4

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

▶ **Intent:**

The intent of this policy is to communicate the medical necessity criteria for AndroGel®, Axiron®, Androderm®, Fortesta®, Natesto®, Striant®, Testim®, Vogelxo®, Xyosted™, and generic testosterone products as provided under the member's prescription drug benefit.

▶ **Description:**

Male hypogonadism is characterized by low testosterone levels. Primary hypogonadism is characterized by low testosterone levels in the setting of elevated luteinizing hormone (LH) and follicle-stimulating hormone (FSH) concentrations. Examples of primary hypogonadism include, but are not limited to, Klinefelter syndrome, castration (physical or chemical), and trauma. Secondary hypogonadism, also referred to as hypogonadotropic hypogonadism, is characterized by low testosterone levels in the setting of normal or low LH and FSH. In this type of hypogonadism, dysfunction of the hypothalamus or pituitary is the underlying etiology. Examples of hypogonadotropic hypogonadism include, but are not limited to, idiopathic hypogonadotropic hypogonadism, Kallman syndrome, and pituitary tumors, surgery, or destruction.

Gender dysphoria is defined as the discomfort arising from incongruence between an individual's gender identity and their external sexual anatomy. The standard of care for individuals affected by gender dysphoria include extensive counseling, hormonal therapy and surgery. Androgen hormone therapy is used to induce physical changes to match gender identify in transgender men (female-to-male, FTM). The goal of therapy is to maintain hormone levels in the normal physiological range for the targeted gender, to stop menses and induce virilization, including a male pattern of sexual and facial hair, change in voice, and male physical contours. Both topical and injectable testosterone products are effective for the management of gender dysphoria.

The active ingredient in all products listed is testosterone. Exogenous testosterone serves to replace testosterone in individuals who are deficient. Testosterone therapy is indicated for replacement

therapy in patients with low testosterone levels due to primary hypogonadism (congenital or acquired) or hypogonadotropic hypogonadism (congenital or acquired).

Policy:

AndroGel[®], Axiron[®], generic transdermal testosterone products, Androderm[®], Fortesta[®], Natesto[®], Striant[®], Testim[®], Vogelxo[®], Xyosted[™] are approved when ONE of the following is met:

1. Diagnosis of primary or secondary hypogonadism and ALL of the following:

a. Documentation of ONE of the following:

- i. Negative history of prostate and breast cancer; OR
- ii. History of prostate cancer status post prostatectomy and documentation that the risk versus benefit has been assessed

and

b. Inadequate response or inability to tolerate AndroGel[®] (applies to requests for Androderm[®], Axiron[®], Fortesta[®], Natesto[®], Striant[®], Testim[®], and Vogelxo[®]); and

c. New users only, BOTH of the following

- i. Normal prolactin level; and
- ii. Low (morning) testosterone level

2. For use as hormone therapy in children, adolescents, and adults with gender dysphoria when there is documentation of persistent, well-documented gender dysphoria diagnosed in accordance with criteria established in the Diagnostic and Statistical Manual of Mental Disorders, *fifth edition* (DSM-5)

Black Box Warning as shown in the drug Prescribing Information:

Transdermal testosterone (AndroGel[®], Axiron[®], Fortesta[®], Testim[®], Vogelxo[®])

Secondary exposure: Virilization has been reported in children who were secondarily exposed to transdermal testosterone. Ensure that children avoid contact with unwashed or unclothed application sites in men using transdermal testosterone. Advise patients to strictly adhere to recommended instructions for use.

Testosterone enanthate (Xyosted[™])

Blood pressure increase:

- Xyosted[™] can cause blood pressure (BP) increases that can increase the risk of major adverse cardiovascular events (MACE), including non-fatal myocardial infarction, non-fatal stroke and cardiovascular death.

- Before initiating Xyosted™, consider the patient’s baseline cardiovascular risk and ensure blood pressure is adequately controlled.
- Periodically monitor for and treat new-onset hypertension or exacerbations of pre-existing hypertension and re-evaluate whether the benefits of Xyosted™ outweigh its risks in patients who develop cardiovascular risk factors or cardiovascular disease on treatment.
- Due to this risk, use Xyosted™ only for the treatment of men with hypogonadal conditions associated with structural or genetic etiologies.

Guidelines:

Refer to the specific manufacturer’s prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company’s products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:

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Applicable Drugs:

 Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Brand Name	Generic Name
Androgel®	Testosterone
Androderm®	Testosterone
Axiron®	Testosterone
Fortesta®	Testosterone
Natesto®	Testosterone
Striant®	Testosterone
Testim®	Testosterone
Vogelxo®	Testosterone
Xyosted™	Testosterone enanthate

Cross References:

Rx.04.6 Medical Injectable Medications Covered under the Pharmacy Benefit

Policy Version Number:	16.00
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The Policy Bulletins on this web site were developed to assist the Company in administering the provisions of the respective benefit programs, and do not constitute a contract. If you have coverage through the Company, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. Company does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of the Company. If you have a specific medical condition, please consult with your doctor. The Company reserves the right at any time to change or update its Policy Bulletins.