



AmeriHealth.

Policy Title Androgens

Policy Number FS.CLIN.

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 and age, gender or quantity restrictions. 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. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. 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.

Policy Androgens are indicated for the treatment of primary hypogonadism and hypogonadotropic hypogonadism.

The use of androgens requires prior authorization (ie, clinical pharmacy and/or Medical Director review)

Policy description The active ingredient for androgens is testosterone. Androgens replace testosterone in patients with low testosterone.

Policy guideline inclusion **Androderm, Axiron, Fortesta, Striant and Testim** are approved when the following inclusion criteria is met:

- Documentation of a trial and failure/contraindication/intolerance to Androgel

Policy guideline exclusion **Androderm, Axiron, Fortesta, Striant and Testim** are denied when the following exclusion criteria is present:

- No documentation of a trial and failure/contraindication/intolerance to Androgel

Policy List of Applicable Drugs	Brand Name	Generic Name
	Androderm	Testosterone
	Axiron	Testosterone
	Fortesta	Testosterone
	Striant	Testosterone
	Testim	Testosterone

Dosing and administration Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.

Policy references

- Androderm Prescribing Information. Watson Pharma, Inc, November 2005.
- AndroGel Prescribing Information. Solvay Pharmaceuticals, Inc., September 2009.
- Striant Prescribing Information. Columbia Laboratories, 2003.
- Testim Prescribing Information. Auxilium Pharmaceuticals, September 2009.
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<http://www.aace.com/pub/pdf/guidelines/hypogonadism.pdf>.

Axiron Prescribing Information. Eli Lilly and Company, November 2010.

Fortesta Prescribing Information. Endo Pharmaceuticals, December 2010.

Policy link to related policies

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