

## Priority Health Medicare Prior Authorization Criteria (Part D)

### Aveed®

#### Products affected

- Aveed®

#### Details

<b>Covered uses</b>	All medically accepted indications not otherwise excluded from Part D.
<b>Exclusion criteria</b>	N/A
<b>Required medical information</b>	Subnormal serum total testosterone concentration must be less than 300 ng/dL, on more than one occasion in the past year.
<b>Age restrictions</b>	N/A
<b>Prescriber restrictions</b>	N/A
<b>Coverage duration</b>	One year
<b>Other criteria</b>	Patient must be male. Patient must have prior use of generic testosterone, either topical or injectable, for a minimum of two months. Patient must have clinical symptoms and signs consistent with androgen deficiency. Men over age 50 years (or over 40 years who have a family history or are African-American) must be screened for prostate cancer before starting therapy and routinely while on therapy.