

Priority Health Medicare Prior Authorization Criteria (Part D)

Testosterone Gel

Products affected

- Testosterone TRANSDERMAL GEL
- Testosterone Pump

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Subnormal serum total testosterone concentration must be less than 300 ng/dL, on more than one occasion in the past year.
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	Patient must be male. 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.