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Prior Authorization Guideline

Guideline Name	Testosterone

Guideline Note:

Effective Date:	7/1/2026

1 . Criteria

Product Name:generic testosterone 1.62% gel and pump, generic testosterone gel 50 mg/5 g (1%), generic testosterone pump (1%)	
Diagnosis	AIDS wasting syndrome
Approval Length	Lifetime (12/31/2039)
Guideline Type	Prior Authorization

Approval Criteria

1 - Diagnosis of AIDS wasting syndrome as defined by an involuntary loss of more than 10 percent (%) of body weight

AND

2 - Submission of medical records (e.g., chart notes) documenting at least one of the following:

- Trial and failure of injectable testosterone
- Clinical justifcation to avoid injections
- Contraindication to injectable testosterone

Product Name:generic testosterone 1.62% gel and pump, generic testosterone gel 50 mg/5 g (1%), generic testosterone pump (1%)	
Diagnosis	Breast cancer
Approval Length	Lifetime (12/31/2039)
Guideline Type	Prior Authorization

Approval Criteria

1 - Treatment will be used for the palliation of inoperable metastatic (skeletal) mammary cancer in a patient who is 1 to 5 years post-menopausal

AND

2 - Submission of medical records (e.g., chart notes) documenting at least one of the following:

- Trial and failure of injectable testosterone
- Clinical justification to avoid injections
- Contraindication to injectable testosterone

Product Name:generic testosterone 1.62% gel and pump, generic testosterone gel 50 mg/5 g (1%), generic testosterone pump (1%)	
Diagnosis	Gender dysphoria
Approval Length	Lifetime (12/31/2039)
Guideline Type	Prior Authorization

Approval Criteria

1 - Diagnosis of gender dysphoria

Product Name:generic testosterone 1.62% gel and pump, generic testosterone gel 50 mg/5 g (1%), generic testosterone pump (1%)	
Diagnosis	Hypogonadism
Approval Length	Lifetime (12/31/2039)
Guideline Type	Prior Authorization

Approval Criteria

1 - Diagnosis of one of the following:

1.1 Primary hypogonadism (congenital or acquired) as defined as testicular failure due to such conditions as cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, orchidectomy, Klinefelter's syndrome, chemotherapy, trauma, or toxic damage from alcohol or heavy metals

OR

1.2 Hypogonadotropic Hypogonadism (congenital or acquired): as defined by idiopathic gonadotropin or luteinizing hormone releasing hormone (LHRH) deficiency, or pituitary-hypothalamic injury from tumors, trauma or radiation.

AND

2 - Patient does not have any of the following:

- Breast cancer or known or suspected prostate cancer
- Elevated hematocrit (greater than 50%)
- Untreated severe obstructive sleep apnea
- Severe lower urinary tract symptoms
- Uncontrolled or poorly-controlled heart failure

AND

3 - Patient has not experienced a major cardiovascular event (e.g., myocardial infarction, stroke, acute coronary syndrome) in the past 6 months

AND

4 - Patient does not have uncontrolled or poorly controlled benign prostate hyperplasia or is at a higher risk of prostate cancer, such as elevation of PSA after initiating testosterone replacement therapy

AND

5 - One of the following:

5.1 Patient is continuing testosterone therapy for at least 6 months or submission of medical records (e.g., chart notes) documenting use of testosterone replacement for at least 6 months

OR

5.2 Patient had TWO morning (between 8 a.m. to 10 a.m.) tests (at least 1 week apart) at baseline demonstrating low testosterone levels as defined by one of the following:

5.2.1 Total serum testosterone level less than 300 ng/dL (10.4 nmol/L)

OR

5.2.2 Total serum testosterone level less than 350 ng/dL (12.1 nmol/L) AND free serum testosterone level less than 50 pg/mL (or 0.174 nmol/L)

AND

6 - Submission of medical records (e.g., chart notes) documenting at least one of the following:

- Trial and failure of injectable testosterone
- Clincial rationale to avoid injections
- Contraindication to injectable testosterone