

**Aveed (testosterone undecanoate injectable)
Effective 10/01/2021**

Plan	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Aveed is indicated for testosterone replacement in adult males for conditions associated with a deficiency or absence of endogenous testosterone.

Coverage Guidelines

Authorization may be granted for new members to AllWays Health Partners who are currently receiving treatment with Aveed excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members diagnosed with any of following conditions when all the criteria are met, and documentation is provided:

1. The member is ≥ 18 years of age
2. The provider has submitted at least two confirmed low pretreatment morning serum total testosterone concentrations based on the reference laboratory range or current practice guidelines
3. The member meets ONE of the following diagnosis:
 - a. The member is diagnosed with Primary hypogonadism (congenital or acquired): Testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, orchiectomy, Klinefelter’s syndrome, chemotherapy, or toxic damage from alcohol or heavy metals. These men usually have low serum testosterone concentrations and gonadotropins (follicle-stimulating hormone [FSH], luteinizing hormone [LH]) above the normal range.
 - b. The member is diagnosed with Hypogonadotropic hypogonadism (congenital or acquired): gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency, or pituitary-



- hypothalamic injury from tumors, trauma, or radiation. These men have low testosterone serum concentrations but have gonadotropins in the normal or low range.
- c. The medication will be used for endocrine treatment of gender dysphoric/gender incongruent persons

Continuation of Therapy

1. Primary or hypogonadotropic hypogonadism:
 - a. The member is not currently receiving Aveed therapy through samples or a manufacturer's patient assistance program
 - b. Documentation is submitted which shows the member's testosterone levels are maintained within normal range
2. For Gender dysphoria: the member must meet all initial criteria

Limitations

1. Initial and reauthorization approvals will be granted for 12months.
2. Coverage will not be provided for members using Aveed for age-related hypogonadism or late-onset hypogonadism.

References

1. Aveed (testosterone undecanoate) [prescribing information]. Malvern, PA: Endo Pharmaceuticals Inc; June 2020

Review History

07/21/2021- Reviewed at July P&T; switched from CVS standard criteria to AllWays Health Partners custom criteria; moved gender criteria from compendial to FDA indication; added reauth criteria for hypogonadism. Effective 10/01/2021.

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.