Testosterone Products
Effective January 01, 2018

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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

Overview
Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:
First-Line: Medications listed on first-line are covered without prior-authorization.
Second-Line: Second-line medications will pay if the member has filled at least one first-line medication as described below or a second-line medication within the past 180 days.

Coverage Guidelines

<table>
<thead>
<tr>
<th>FIRST-LINE</th>
<th>SECOND-LINE</th>
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<tr>
<td>Testosterone enanthate injection</td>
<td>Androderm patch 2 mg/24 hr.</td>
</tr>
<tr>
<td>Testosterone cypionate injection</td>
<td>Testosterone topical solution 30 mg/act (compare to Axiron solution)</td>
</tr>
<tr>
<td>Testosterone topical gel 1% (compare to AndroGel or Testim)</td>
<td>AndroGel Pump 1.62%</td>
</tr>
<tr>
<td>Testosterone topical gel pump 1% (compare to Vogelxa)</td>
<td>AndroGel topical 1.62%</td>
</tr>
<tr>
<td>Testosterone topical gel 2% (compare to Fortesta Gel)</td>
<td></td>
</tr>
</tbody>
</table>

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member meets the following criteria:
The drug is being prescribed for a male patient with congenital or acquired primary hypogonadism (i.e., testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, or orchiectomy)

OR

The drug is being prescribed for a male patient with congenital or acquired hypogonadotropic hypogonadism (i.e., gonadotropin or luteinizing hormone-releasing hormone [LHRH] deficiency, or pituitary-hypothalamic injury from tumors, trauma, or radiation)

AND

The patient had or currently has at least two confirmed low testosterone levels according to current practice guidelines or your standard lab reference values

OR

The drug is being prescribed for inoperable metastatic breast cancer in a female patient who is 1 to 5 years postmenopausal AND the patient had an incomplete response to other therapy for metastatic breast cancer

OR

The drug is being prescribed for a pre-menopausal female patient with breast cancer who has benefited from oophorectomy and is considered to have a hormone-responsive tumor

OR

The drug is being prescribed for delayed puberty in a male patient 14 years of age or older

OR

The drug is being prescribed for female-to-male gender reassignment in a patient who is 14 years of age or older and able to make an informed, mature decision to engage in therapy

AND

Member has documented clinical rationale to avoid therapy with first-line agents

Limitations

1. Approvals will be granted for 12 months.

References

1. Testim (testosterone) [prescribing information]. Malvern, PA: Endo Pharmaceuticals; April 2018.
2. AndroGel 1% (testosterone) [prescribing information]. North Chicago, IL: AbbVie Inc; May 2015.
3. Axiron (testosterone) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; February 2017.
4. AndroGel 1.62% (testosterone) [prescribing information]. North Chicago, IL: AbbVie Inc; October 2016.
6. Androderm (testosterone) transdermal system [prescribing information]. Irvine, CA: Allergan USA, Inc; October 2016.
11. Hormone therapy for transgender patients: Journal List Transl Androl Urolv.5(6); 2016 Dec PMC518222

Review History
09/18/17 – Reviewed
09/24/18 – Reviewed

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