

# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Androgenic Agents PDL Edit
<b>First Implementation Date:</b>	December 31, 2008
<b>Proposed Date:</b>	March 19, 2020
<b>Prepared For:</b>	MO HealthNet
<b>Prepared By:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<input type="checkbox"/> Existing Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

## Executive Summary

**Purpose:** The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

**Why Issue Selected:** Male hypogonadism is caused by insufficient production of testosterone. It is most often characterized by low serum concentration, presenting as testosterone deficiency, infertility, or both. Causes of hypogonadism are classified as primary or secondary. Primary male hypogonadism includes conditions such as cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, orchidectomy, chemotherapy, or toxic damage from alcohol or heavy metals. These patients usually present with low testosterone levels and elevated follicle stimulating hormone, and luteinizing hormone levels. Secondary hypogonadism includes idiopathic gonadotropin or luteinizing hormone releasing hormone deficiency and pituitary hypothalamic injury from tumors, trauma, or radiation. Supplementation of endogenous testosterone can maintain secondary sex characteristics, optimize bone density, and restore fertility.

Total program savings for the PDL classes will be regularly reviewed.

### Program-Specific Information:

Preferred Agents	Non-Preferred Agents
<ul style="list-style-type: none"> <li>Androderm® Gel Patch</li> <li>Depo®-Testosterone</li> <li>Testosterone Cypionate</li> <li>Testosterone Enanthate</li> <li>Testosterone 1.62% Pump (gen AndroGel® 1.62% Pump)</li> </ul>	<ul style="list-style-type: none"> <li>AndroGel®</li> <li>Aveed®</li> <li>Fortesta®</li> <li>Jatenzo®</li> <li>Methitest™ Tab</li> <li>Methyltestosterone Cap</li> <li>Natesto® Nasal Gel</li> <li>Striant®</li> <li>Testim®</li> <li>Testopel®</li> <li>Testosterone 1% Pump (gen AndroGel®)</li> <li>Testosterone Gel (gen Fortesta®)</li> <li>Testosterone Gel Pack (gen AndroGel® Pack)</li> <li>Testosterone Gel Pump (gen Axiron®)</li> </ul>

