### 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:

- Androderm® Gel Patch
- Testosterone Cypionate
- Testosterone Enanthate
- Testosterone 1.62% Pump (gen AndroGel® 1.62% Pump)

- Anadrol®-50
- AndroGel®
- Android®
- Aveed®
- Depo®-Testosterone
- Fortesta®
- Jatenzo®
- Methitest™
- Methyltestosterone Caps
- Striant®
- Testim®
- Testopel®
- Testosterone 1% Pump (gen AndroGel®)
- Testosterone Gel (gen Fortesta®)
- Testosterone Gel Pack (gen AndroGel® Pack)
- Testosterone Gel Pump (gen Axiron®)
- Testosterone Transderm (gen Testim®)
- Testred®
- Vogelxo®
- Xyosted™

Type of Criteria: 
- ☑ Increased risk of ADE
- ☑ Appropriate Indications
- ☑ Preferred Drug List
- ☑ Clinical Edit

Data Sources: 
- ☑ Only Administrative Databases
- ☑ Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Androgenic Agents
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
  - Documented trial period of preferred agents OR
  - Documented ADE/ADR to preferred agents

Denial Criteria

- Therapy will be denied if no approval criteria are met
- Lack of adequate trial on required preferred agents
Required Documentation

Laboratory Results:  
MedWatch Form:  
Progress Notes:  
Other:  

Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

4. USPDI, Micromedex; 2020.
5. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.