

Testosterone 1.62% Pump and Testim 1% Gel Criteria

Revised: 09/05/2024

ANDROGENIC AGENTS: TESTOSTERONE 1.62% GEL PUMP (ANDROGEL) AND TESTIM 1% GEL

Length of Authorization: Initial – 6 months
Renewal – 1 year

CHILDREN – CRITERIA TO APPROVE

N/A

ADULTS – CRITERIA TO APPROVE

All the following:

- Age \geq 18 years
- Indicated for testosterone replacement therapy in males for conditions associated with a deficiency or absence of endogenous testosterone:
 - Primary Hypogonadism (congenital or acquired)
 - Hypogonadotropic Hypogonadism

ADULTS – RENEWAL CRITERIA

All the following:

- Member is responding well to therapy.
- Patient has not experienced any treatment-restricting adverse effects.

REVISION HISTORY

Date	Issues/Updates
09/05/2024	• Initial draft creation

Orange Text = Important Information | **Teal Text = Auto PA**

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