

## Medical Policy



An independent licensee of the  
Blue Cross Blue Shield Association

### Title: Androgens and Anabolic Steroids

➤ **Prime Therapeutics will review Prior Authorizations**

**Prior Authorization Form:**

<http://www.bcbsks.com/CustomerService/Forms/pdf/PriorAuth-6090KS-ANAS.pdf>

**Link to Drug List (Formulary):**

<https://www.bcbsks.com/drugs/>

#### **Professional**

Original Effective Date: January 1, 2013  
Revision Date(s): June 21, 2013;  
August 15, 2014; October 1, 2014;  
May 1, 2015, January 1, 2016;  
January 15, 2016; April 15, 2016;  
January 1, 2017; April 1, 2017;  
May 24, 2017; July 15, 2017; July 15, 2017;  
October 1, 2017; November 15, 2017  
January 1, 2018; November 26, 2018;  
December 1, 2018; December 10, 2018  
Current Effective Date: December 10, 2018

#### **Institutional**

Original Effective Date: January 1, 2013  
Revision Date(s): June 21, 2013;  
August 15, 2014; October 1, 2014;  
May 1, 2015; January 1, 2016;  
January 15, 2016; April 15, 2016;  
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**State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member's benefits, contact [Blue Cross and Blue Shield of Kansas Customer Service](#).**

**The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.**

**The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.**

**If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.**

## **DESCRIPTION**

The intent of the Androgens and Anabolic Steroids Prior Authorization (PA) with Quantity Limit program is to appropriately select patients for therapy according to product labeling and/or clinical guidelines and/or clinical studies and according to dosing recommended in product labeling. The PA criteria will approve these agents for the FDA approved indications and off label use that is medically necessary for certain indications (eg, AIDS/HIV-associated wasting syndrome, Turner Syndrome). In addition, the program will encourage use of a generic topical androgen agents prior to a brand topical androgen agent. Use of a brand topical androgen agents will be evaluated if the prescriber indicates a history of a trial of or documented intolerance, FDA labeled contraindication, or hypersensitivity to brand topical androgen agents. The program will approve only one of these agents at a time. The program will approve topical and injectable androgens for doses within the FDA labeled dosage range. Determination of quantity limits takes into account the packaging of the agents. Quantity limits apply only to the topical and injectable androgens, and will apply to generic and brand topical agents.

## **Target Agents**

<b>Topical Androgen Agents</b>
<ul style="list-style-type: none"> <li>▪ <b>AndroGel® 1%</b> (testosterone gel 1%)<sup>b</sup></li> <li>▪ <b>AndroGel® 1.62%</b> (testosterone gel <sup>b</sup> 1.62% <sup>b</sup>)</li> <li>▪ <b>Androderm®</b> (testosterone transdermal system)</li> <li>▪ <b>Axiron®</b> (testosterone solution) <sup>b</sup></li> <li>▪ <b>Fortesta™</b> (testosterone gel) <sup>b</sup></li> <li>▪ <b>Natesto™</b> (testosterone nasal gel)</li> <li>▪ <b>Striant®</b> (testosterone buccal system)</li> <li>▪ <b>Testim®</b> (testosterone gel) <sup>b</sup></li> <li>▪ <b>Testosterone</b> (testosterone gel)</li> <li>▪ <b>Vogelxo™</b> (testosterone gel)</li> </ul>

<b>Injectable Androgen Agents</b>	<b>Oral Androgen Agents</b>	<b>Anabolic Steroid Agents</b>
<b>Aveed™</b> (testosterone undecanoate)	<b>Android®</b> (methyltestosterone capsule) <sup>c</sup>	<b>Anadrol-50®</b> (oxymetholone)
<b>testosterone enanthate</b> <sup>b</sup>	<b>Androxy®</b> (fluoxymesterone tablet)	<b>danazol</b> <sup>c</sup>
<b>Depo-Testosterone®</b> (testosterone cypionate) <sup>b</sup>	<b>Methitest®</b> (methyltestosterone tablet)	<b>Oxandrin®</b> (oxandrolone) <sup>c</sup>
<b>Testopel®</b> (testosterone pellets)	<b>Testred®</b> (methyltestosterone capsule) <sup>c</sup>	
<b>Xyosted™</b> (testosterone enanthate)		

a – Brand drug has been discontinued by the manufacturer but may still be available.

b – Generic available and included in prior authorization and quantity limit programs.

c – Generic available and included in prior authorization program only.

d – Generic anticipated and will be included in prior authorization and quantity limit

**FDA Approved Indications and Dosage** <sup>1-11,26,27,30,31,34-36,38,40,43,50</sup>

<b>Topical Androgen Agents</b>		
<b>Agent</b>	<b>Indication</b>	<b>Dosage and Administration</b>
<p><b>Androderm®</b> (testosterone transdermal system)</p> <p>2 mg/day, 4 mg/day transdermal system</p>	<p>For testosterone replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone:</p> <p>-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.</p> <p>-Hypogonadotropic hypogonadism (congenital or acquired): idiopathic gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency or pituitary-hypothalamic injury from tumors, trauma, or radiation.</p>	<p>Hypogonadism</p> <p>2 mg/day and 4 mg/day system</p> <p>-Recommended starting dose is one 4 mg/day system (not two 2 mg/day systems) applied nightly for 24 hours.</p> <p>-Dose may be decreased to 2 mg (i.e., one 2 mg/day system) or increased to 6 mg (i.e., one 4 mg/day and one 2 mg/day system)</p> <p>Switching from 2.5 mg/day, 5 mg/day, and 7.5 mg/day to 2 mg/day, 4 mg/day and 6 mg/day dosage</p> <p>-Patients using 2.5 mg daily may be switched to 2 mg/day systems at the next scheduled dose</p> <p>-Patients using 5 mg daily may be switched to 4 mg/day systems at the next scheduled dose</p> <p>-Patients using 7.5 mg daily may be switched to 6 mg (2 mg/day and 4 mg/day systems) at the next scheduled dose</p>
<p><b>AndroGel® / Testosterone</b> (testosterone gel)</p> <p>1% gel: 25 mg/2.5 g packet<sup>b</sup> 50 mg/5 g packet<sup>b</sup> 75 g pump (12.5 mg testosterone/actuation; 60 actuations/pump<sup>b</sup>)</p> <p>1.62% gel: 75 g pump (20.25 mg testosterone/actuation; 60 actuations/pump) 20.25 mg/1.25 g packet 40.5 mg/2.5 g packet</p>		<p>1% gel: -Initial dose is 50 mg of testosterone (4 pump actuations, two 25 mg packets, or one 50 mg packet) once daily in the morning. -Dose may be increased to 75 mg and 100 mg daily based on measured serum testosterone levels. -If serum testosterone level exceeds normal range at 50 mg dose, therapy should be discontinued.</p> <p>1.62% gel: -40.5 mg of testosterone (2 pump actuations or 1 40.5 mg packet) applied topically once daily in the morning. -Dose may be adjusted between a minimum of 20.25 mg testosterone (1 pump actuation or 1 packet) or maximum 81 mg testosterone (4 pump actuations or 2 40.5 mg packets) based on measured serum testosterone levels.</p>

<b>Topical Androgen Agents</b>		
<b>Agent</b>	<b>Indication</b>	<b>Dosage and Administration</b>
<b>Axiron®</b> (testosterone soln) <sup>b</sup>  30 mg/1.5 mL, 90 mL pump		-Initial dose is 60 mg testosterone (2 pump actuations) applied once daily. -Dose of testosterone may be decreased to 30 mg (1 pump actuation) or increased to 90 mg (3 pump actuations) or 120 mg (4 pump actuations) based on the measured serum testosterone. -If serum testosterone concentration exceeds 1050 ng/dL at 30 mg, therapy should be discontinued.
<b>Fortesta™ / Testosterone</b> (testosterone gel) <sup>b</sup>  2% gel		-Initial dose is 40 mg of testosterone (4 pump actuations) once daily in the morning. -Dose may be adjusted between a minimum of 10 mg of testosterone and a maximum of 70 mg of testosterone based on measured serum testosterone levels.
<b>Natesto™</b> (testosterone nasal gel)		Recommended dose of 11 mg (2 pump actuations, one per nostril), applied intranasally 3 times daily.  If total testosterone concentrations consistently exceed 1040 ng/dL, therapy should be discontinued. If total testosterone concentrations are consistently below 300 ng/dL, an alternative treatment should be considered.  Not recommended for use with nasally administered drugs other than sympathomimetic decongestants (e.g., oxymetazoline)
<b>Striant®</b> (testosterone buccal system)  30 mg buccal system		Usual dose is one buccal system (30 mg) to the gum region twice daily, morning and evening (about 12 hours apart).
<b>Testim® / Testosterone</b> (testosterone gel) <sup>b</sup>  1% gel		-Initial dose is 50 mg of testosterone (one tube) once daily in the morning. -Dose may be increased to 100 mg testosterone (two tubes) once daily based on measured serum testosterone.
<b>Vogelxo™/Testosterone</b> (testosterone gel)  1% gel	For testosterone replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone:  -Primary hypogonadism -Hypogonadotropic hypogonadism (congenital or acquired)	1% gel: -Initial dose is 50 mg testosterone (5 g gel) once daily at the same time each day. -Dose may be increased to 100 mg daily based on measured serum testosterone levels. -The maximum recommended dose is 100 mg once daily.

<b>Oral Androgen and Anabolic Agents</b>		
<b>Agent</b>	<b>Indication</b>	<b>Dosage and Administration</b>
<b>Android®</b> (methyltestosterone)  10 mg capsule <sup>c</sup>	<b>Males:</b> Androgen replacement therapy, related to the following: -Primary hypogonadism (congenital or acquired) - testicular failure due to cryptorchidism, bilateral torsions, orchitis, vanishing testis syndrome; or orchidectomy -Hypogonadotropic hypogonadism (congenital or acquired) - idiopathic gonadotropin or LHRH deficiency, or pituitary hypothalamic injury from tumors, trauma, or radiation -Delayed puberty in males  <b>Females:</b> Palliative treatment of breast cancer in women	<b>Males:</b> -Androgen replacement therapy related to hypogonadism- 10 mg to 50 mg/day -Androgen replacement therapy related to cryptorchidism: 10 mg 3 times daily -Delayed puberty (adolescents only): 5 mg to 25 mg/day for a limited period, usually for 4 to 6 months  <b>Females:</b> -50 mg once daily up to four times/day -If suitable response within 2-4 weeks, decrease to 25 mg two times daily
<b>Methitest®</b> (methyltestosterone)  10 mg tablet		
<b>Testred®</b> (methyltestosterone)  10 mg capsule <sup>b</sup>		
<b>Androxy®</b> (fluoxymesterone)  10 mg tablet	<b>Males:</b> -Androgen replacement therapy in male hypogonadism -Treatment of delayed puberty in males  <b>Females:</b> Inoperable breast cancer	<b>Males:</b> -Androgen replacement: 5 mg given 1 to 4 times daily, although higher initial doses (i.e. 10 mg/day) with subsequent dose adjustment are usually preferable -Delayed puberty (adults/adolescents): 2.5 mg - 10 mg daily for up to 4 to 6 months. Doses up to 20 mg daily have been used.  <b>Females:</b> 10 mg - 40 mg per day in divided doses. Treatment should continue at least 2-3 months
<b>Anadrol-50®</b> (oxymetholone)  50 mg tablet	Treatment of anemias caused by deficient red cell production. Acquired aplastic anemia, congenital aplastic anemia, myelofibrosis and the hypoplastic anemias due to the administration of myelotoxic drugs often respond	<b>Adults and children</b> -1 to 5 mg/kg body weight per day. -Usual effective dose is 1 to 2 mg/kg/day; higher doses may be required, dose should be individualized. -Response is not often immediate; minimum trial of 3 to 6 months should be given -Following remission, some patients may be maintained without the drugs; others may be maintained on an established lower daily dosage -A continued maintenance dose is usually necessary in patients with congenital aplastic anemia

<b>Oral Androgen and Anabolic Agents (con't)</b>		
<b>Agent</b>	<b>Agent</b>	<b>Agent</b>
<p><b>danazol</b><sup>a</sup></p> <p>50 mg, 100 mg, 200 mg capsule</p>	<p>-Fibrocystic breast disease</p> <p>-Angioedema prophylaxis in patients with hereditary angioedema</p> <p>-Endometriosis amenable to hormone management</p>	<p>-Fibrocystic breast disease: 100 to 400 mg/day in 2 divided doses. Although symptoms may be relieved, and even eliminated in 3 months, up to 6 months of uninterrupted therapy may be required to eliminate nodularity.</p> <p>-Angioedema prophylaxis: Initial 200 mg two to three times daily. If a favorable response achieved, dose may be reduced by half at intervals of 1-3 months. If unfavorable response (attack of angioedema during treatment), dose may be increased by up to 200 mg/day.</p> <p>NOTE: If danazol therapy initiated during exacerbation of angioedema caused by trauma, stress or other causes, periodic attempts to reduce or discontinue therapy should be considered</p> <p>-Endometriosis: In moderate/severe disease or patients infertile due to endometriosis: starting dose of 800 mg given in two divided doses. Gradual downward titration to dose sufficient to maintain amenorrhea may be considered. In mild disease: starting dose of 200 mg to 400 mg given in two divided doses; adjust depending on patient response. Continue therapy for 3 to 6 months, may be extended to 9 months if necessary.</p>
<p><b>Oxandrin</b><sup>®</sup> (oxandrolone)<sup>b</sup></p> <p>2.5 mg, 10 mg tablet</p>	<p>-Adjunctive therapy to promote weight gain after weight loss following extensive surgery, chronic infections, severe trauma, and in some patients without definite pathophysiologic reasons who fail to gain or to maintain normal weight, to offset the protein catabolism associated with prolonged administration of corticosteroids, and for the relief of the bone pain frequently accompanying osteoporosis</p>	<p><u>Adults</u></p> <p>-Daily adult dosage is 2.5 mg to 20 mg given in 2 to 4 divided doses.</p> <p>-Desired response may be achieved with as little as 2.5 mg or as much as 20 mg daily.</p> <p>-A course of therapy of 2 to 4 weeks is usually adequate. This may be repeated intermittently as indicated.</p> <p><u>Children</u>: Total daily dosage is <math>\leq 0.1</math> mg/kg body weight or <math>\leq 0.045</math> mg per pound of body weight. This may be repeated intermittently as indicated</p> <p><u>Geriatric</u>: 5 mg twice daily</p>

<b>Injectable Androgen Agents</b>		
<b>Agent</b>	<b>Indication</b>	<b>Dosage and Administration</b>
testosterone enanthate <sup>b</sup>  200 mg/mL	<p><u>Males:</u>                      For replacement therapy in conditions associated with a deficiency or absence of endogenous testosterone:                      -Primary hypogonadism (congenital or acquired): testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, or orchidectomy                      -Hypogonadotropic hypogonadism (congenital or acquired): idiopathic gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency, or pituitary-hypothalamic injury from tumors, trauma, or radiation. Prior to puberty, androgen replacement therapy needed during adolescent years for development of secondary sexual characteristics. Prolonged androgen treatment required to maintain sexual characteristics in these and other males who develop testosterone deficiency after puberty                      -Delayed puberty</p> <p><u>Females:</u>                      Palliative treatment of breast cancer that is inoperable in women</p>	<p><u>Males:</u>                      -Hypogonadism                      • Adult males: 50 mg to 400 mg IM every 2 to 4 weeks                      • Children (initiation of pubertal growth): 40 mg to 50 mg/m<sup>2</sup> IM monthly until growth rate falls to prepubertal levels.                          ○ Terminal growth phase: 100 mg/m<sup>2</sup> IM monthly until growth ceases                          ○ Maintenance of virilization: 100 mg/m<sup>2</sup> IM twice monthly</p> <p>-Delayed puberty: 50 mg to 200 mg IM every 2 to 4 weeks for a limited duration, for example, 4 to 6 months or 40 mg to 50 mg/m<sup>2</sup>/dose IM monthly for 6 months</p> <p><u>Females:</u>                      -Palliation of inoperable breast cancer: 200 mg to 400 mg IM every 2 to 4 weeks</p>
<p><b>Xyosted™</b>                      (testosterone enanthate)</p> <p>50 mg/0.5 mL                      75 mg/0.5 mL                      100 mg/0.5 mL</p>	Testosterone replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone	<p>75 mg subcutaneously in the abdominal region once weekly.</p> <p>Dose Adjustment: Based upon total testosterone trough concentrations (measured 7 days after most recent dose) obtained following 6 weeks of dosing and periodically thereafter.</p>

<b>Injectable Androgen Agents (con't)</b>		
<b>Agent</b>	<b>Indication</b>	<b>Dosage and Administration</b>
<p><b>Depo-Testosterone®</b> (testosterone cypionate) <sup>b</sup></p> <p>100 mg/mL, 200 mg/mL</p>	<p>For replacement therapy in the male in conditions associated with symptoms of deficiency or absence of endogenous testosterone:</p> <p>-Primary hypogonadism (congenital or acquired) - testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome; or orchidectomy.</p> <p>-Hypogonadotropic hypogonadism (congenital or acquired) - idiopathic gonadotropin or LHRH deficiency, or pituitary-hypothalamic injury from tumors, trauma, or radiation.</p>	<p>-Hypogonadism: 50-400 mg every 4 weeks</p>
<p><b>Testopel®</b> (testosterone pellets)</p> <p>75 mg</p>	<p>Males:</p> <p>-Primary hypogonadism (congenital or acquired): testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome; or orchiectomy</p> <p>-Hypogonadotropic hypogonadism (congenital or acquired): idiopathic gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency or pituitary-hypothalamic injury from tumors, trauma, or radiation.</p> <p>-Delayed puberty</p>	<p>-Hypogonadism (adult males and children): 150 mg to 450 mg (2-6 pellets) inserted subcutaneously by a healthcare professional every 3 to 6 months</p> <ul style="list-style-type: none"> <li>• Dosage is based on the minimal daily requirements of testosterone propionate determined by a gradual reduction of the amount administered parenterally <ul style="list-style-type: none"> <li>○ For every 75 mg/week of testosterone propionate, 150 mg (2 pellets) should be implanted every 3–6 months</li> </ul> </li> </ul> <p>-Delayed puberty (adolescents only): 150 mg to 450 mg (2-6 pellets) inserted subcutaneously by a healthcare professional every 3 to 6 months, although the lower end of the dosing range is typically sufficient</p> <ul style="list-style-type: none"> <li>• Treatment is usually only required for 4–6 months</li> <li>• Dosage is based on the minimal daily requirements of testosterone propionate determined by a gradual reduction of the amount administered parenterally</li> </ul> <p>For every 75 mg/week of testosterone propionate, 150 mg (2 pellets) should be implanted every 3–6 months</p>



<b>Injectable Androgen Agents (con't)</b>		
<b>Indication</b>	<b>Indication</b>	<b>Indication</b>
<b>Aveed™</b> (testosterone undecanoate)  250 mg/mL	-Primary hypogonadism (congenital or acquired): testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome; or orchiectomy  -Hypogonadotropic hypogonadism (congenital or acquired): idiopathic gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency or pituitary-hypothalamic injury from tumors, trauma, or radiation	The recommended dose of Aveed is 3 mL (750 mg) injected intramuscularly, followed by 3 mL (750 mg) injected after 4 weeks, then 3 mL (750 mg) injected every 10 weeks thereafter.

a – Brand drug no longer available; available as generic only  
 b – Generic available  
 c – Brand drug has been discontinued by the manufacturer but may still be available.

**POLICY**

**Prior Authorization and Quantity Limits Criteria for Approval**

**A. Androderm, AndroGel, Axiron, Fortesta, Natesto, Striant, Testim, Testosterone, or Vogelxo** will be approved when **ALL** of the following are met:

1. ONE of the following:
  - a. BOTH of the following:
    - i. Patient has AIDS/HIV-associated wasting syndrome, confirmed by BOTH of the following:
      1. ONE of the following:
        - a. The patient has had weight loss of greater than ONE of the following:
          - i. 10% within 12 months or from baseline visit
          - OR**
          - ii. 7.5% within 6 months
          - OR**
          - iii. 5% within 3 months
        - OR**
        - b. The patient has a body cell mass (BCM) loss  $\geq 5\%$  within 6 months
        - OR**
        - c. The patient is male and has BCM  $< 35\%$  of total body weight and body mass index (BMI)  $< 27 \text{ kg/m}^2$
      - OR**

d. The patient is female and has BCM <23% of total body weight and BMI <27 kg/m<sup>2</sup>

**OR**

e. The prescriber has provided documentation that the patient's BCM <35% or <23% and BMI <27 kg/m<sup>2</sup> are medically appropriate for diagnosing AIDS wasting/cachexia for the patient's gender

**AND**

2. ALL other causes of weight loss have been ruled out

**AND**

ii. ONE of the following:

1. The patient is female

**OR**

2. The prescriber has provided documentation that checking for testosterone levels is medically inappropriate for the patient's gender

**OR**

3. ONE of the following levels:

a. The patient is not currently receiving testosterone replacement therapy AND has ONE of the following pretreatment levels:

i. Total serum testosterone level that is below the testing laboratory's lower limit of the normal range or is less than 300 ng/dL

**OR**

ii. Free serum testosterone level that is below the testing laboratory's lower limit of the normal range

**OR**

b. The patient is currently receiving testosterone replacement therapy AND The patient has ONE of the following current levels:

i. Total serum testosterone level that is within OR below the testing laboratory's lower limit of the normal range OR is less than 300 ng/dL

**OR**

ii. Free serum testosterone level is within OR below the testing laboratory's normal range

**OR**

- b. ALL of the following:
  - i. Patient has primary or secondary (hypogonadotropic) hypogonadism  
**AND**
  - ii. For patients not currently receiving testosterone replacement therapy, prior to testosterone replacement therapy, the patient had sign/symptom of hypogonadism  
**AND**
  - iii. ONE of the following levels (documentation requirement to be determined by client):
    - 1. The patient is not currently receiving testosterone replacement therapy AND ONE of the following pretreatment levels:
      - a. Total serum testosterone level that is below the testing laboratory's lower limit of the normal range or is less than 300 ng/dL  
**OR**
      - b. Free serum testosterone level that is below the testing laboratory's lower limit of the normal range  
**OR**
    - 2. The patient is currently receiving testosterone replacement therapy AND the patient has ONE of the following current levels:
      - a. Total serum testosterone level that is within OR below the testing laboratory's lower limit of the normal range OR is less than 300 ng/dL  
**OR**
      - b. Free serum testosterone level is within OR below the testing laboratory's normal range  
**OR**
- c. The patient has a diagnosis of gender identity disorder (GID), gender dysphoria, or gender incongruence AND ONE of the following:
  - i. The patient is an adolescent and ONE of the following:
    - 1. The patient is initiating sex hormone treatment AND ALL of the following:
      - a. A persistent diagnosis was confirmed by a mental health professional who is trained in child and adolescent developmental psychopathology  
**AND**
      - b. The patient's indication for sex hormone treatment has been confirmed by an endocrinologist OR clinician experienced in pubertal sex hormone induction  
**AND**

- c. The patient does not have any medical contraindications to sex hormone treatment as confirmed by an endocrinologist OR clinician experienced in pubertal sex hormone induction  
**AND**
  - d. The patient has been informed and counseled regarding effects and side effects of sex hormone treatment including those which are irreversible, and regarding loss of fertility and options to preserve fertility  
**AND**
  - e. ONE of the following:
    - i. The patient is 16 years of age or greater  
**OR**
    - ii. The prescriber has provided documentation in support of initiating therapy prior to 16 years of age  
**AND**
  - f. The patient has sufficient mental capacity to give consent  
**AND**
  - g. The patient has provided consent **AND**, as applicable, the parents or other caretakers or guardians have provided consent to therapy  
**AND**
  - h. The patient's coexisting psychological, medical, or social problems that could interfere with treatment have been addressed and the patient's functioning is stable enough to start sex hormone therapy
- OR**
- 2. The patient is continuing therapy with sex hormone treatment **AND** the patient is being monitored at least once per year
- OR**
- ii. The patient is an adult **AND** ONE of the following:
    - 1. The patient is initiating sex hormone treatment **AND** ALL of the following:
      - a. A persistent diagnosis has been confirmed by a mental health professional  
**AND**
      - b. The patient has sufficient mental capacity to give consent  
**AND**
      - c. The patient's coexisting mental health concerns, if present, are reasonably well controlled  
**AND**

- d. The patient's medical conditions that can be exacerbated by treatment with sex hormones have been evaluated and addressed

**OR**

- 2. The patient is currently on sex hormone treatment and BOTH of the following:

- a. ONE of the following:

- i. The patient's current testosterone level is ONE of the following:

- 1. Total serum testosterone level that is within OR below the testing laboratory's lower limit of the normal range OR is less than 300 ng/dL

**OR**

- 2. Free serum testosterone level is within OR below the testing laboratory's normal range

**OR**

- ii. The prescriber has provided documentation in support of continuing therapy with the patient's current testosterone level

**AND**

- b. The patient is being monitored at least once per year

**AND**

- 2. The patient does NOT have any FDA labeled contraindication(s) to the requested agent

**AND**

- 3. ONE of the following:

- a. The requested agent is a preferred topical androgen agent

**OR**

- b. The requested agent is a stand-alone topical androgen agent

**OR**

- c. ONE of the following:

- i. The patient's medication history indicates use of a preferred topical androgen agent

**OR**

- ii. The patient has a documented intolerance, FDA labeled contraindication, or hypersensitivity to a preferred topical androgen agent

**AND**

4. ONE of the following:
  - a. The patient is not currently being treated with another androgen or anabolic steroid agent (in the past 90 days)  
**OR**
  - b. The patient will discontinue the current androgen or anabolic steroid agent before starting the requested agent  
**OR**
  - c. The prescriber has submitted documentation in support of therapy with more than one agent  
**AND**
5. ONE of the following:
  - a. The requested quantity (dose) is less than or equal to the program quantity limit  
**OR**
  - b. ALL of the following:
    - i. The requested quantity (dose) is greater than the program quantity limit  
**AND**
    - ii. The requested quantity (dose) is less than the maximum FDA labeled dose (for the requested indication)  
**AND**
    - iii. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit  
**OR**
  - c. ALL of the following:
    - i. The requested quantity (dose) is greater than the program quantity limit  
**AND**
    - ii. The requested quantity (dose) is greater than the maximum FDA labeled dose (for the requested indication)  
**AND**
    - iii. The prescriber has submitted documentation in support of therapy with a higher dose for the requested indication

**Length of Approval:** 12 months

**B. testosterone enanthate, Depo-Testosterone (testosterone cypionate), Xyosted (testosterone enanthate)** will be approved when **ALL** of the following are met:

1. ONE of the following
  - a. The patient has metastatic/inoperable breast cancer  
**OR**
  - b. ALL of the following:
    - i. The patient has ONE of the following diagnoses:
      1. The patient has AIDS/HIV-associated wasting syndrome, confirmed by BOTH of the following:
        - a. ONE of the following:
          - i. The patient has had weight loss of greater than ONE of the following:
            1. 10% within 12 months or from baseline visit  
**OR**
            2. 7.5% within 6 months  
**OR**
            3. 5% within 3 months
        - ii. The patient has a body cell mass (BCM) loss  $\geq 5\%$  within 6 months  
**OR**
        - iii. The patient is male and has BCM  $< 35\%$  of total body weight and body mass index (BMI)  $< 27$  kg/m<sup>2</sup>  
**OR**
        - iv. The patient is female and has BCM  $< 23\%$  of total body weight and BMI  $< 27$  kg/m<sup>2</sup>  
**OR**
        - v. The prescriber has provided documentation that the patient's BCM  $< 35\%$  or  $< 23\%$  and BMI  $< 27$  kg/m<sup>2</sup> are medically appropriate for diagnosing AIDS wasting/cachexia for the patient's gender

**AND**

- b. All other causes of weight loss have been ruled out  
**OR**
1. The patient is an adolescent with delayed puberty  
**OR**
2. BOTH of the following:
  - a. The patient has primary or secondary (hypogonadotropic) hypogonadism  
**AND**

- b. For patients not currently receiving testosterone replacement therapy, prior to testosterone replacement therapy, the patient had sign/symptom of hypogonadism

**AND**

- ii. If the diagnosis is AIDS/HIV wasting or delayed puberty is an adolescent, ONE of the following:
    - 1. The patient is male
- OR**
- 2. The prescriber has provided documentation that the requested agent is medically appropriate for the patient's gender

**AND**

- iii. ONE of the following levels:
    - 1. The patient is not currently receiving testosterone replacement therapy AND has ONE of the following pretreatment levels:
      - a. Total serum testosterone level that is below the testing laboratory's lower limit of the normal range or is less than 300 ng/dL**OR**
    - b. Free serum testosterone level that is below the testing laboratory's lower limit of the normal range
  - 2. The patient is currently receiving testosterone replacement therapy AND The patient has ONE of the following current levels:
    - a. Total serum testosterone level that is within OR below the testing laboratory's lower limit of the normal range OR is less than 300 ng/dL
- OR**
- b. Free serum testosterone level is within OR below the testing laboratory's normal range

**OR**

- c. The patient has a diagnosis of gender identity disorder (GID), gender dysphoria, or gender incongruence AND ONE of the following:
    - i. The patient is an adolescent and ONE of the following:
      - 1. The patient is initiating sex hormone treatment AND ALL of the following:
        - a. A persistent diagnosis was confirmed by a mental health professional who is trained in child and adolescent developmental psychopathology
- AND**
- b. The patient's indication for sex hormone treatment has been confirmed by an endocrinologist OR clinician experienced in pubertal sex hormone induction
- AND**



- c. The patient does not have any medical contraindications to sex hormone treatment as confirmed by an endocrinologist OR clinician experienced in pubertal sex hormone induction  
**AND**
  - d. The patient has been informed and counseled regarding effects and side effects of sex hormone treatment including those which are irreversible, and regarding loss of fertility and options to preserve fertility  
**AND**
  - e. ONE of the following:
    - i. The patient is 16 years of age or greater  
**OR**
    - ii. The prescriber has provided documentation in support of initiating therapy prior to 16 years of age  
**AND**
  - f. The patient has sufficient mental capacity to give consent  
**AND**
  - g. The patient has provided consent AND, as applicable, the parents or other caretakers or guardians have provided consent to therapy  
**AND**
  - h. The patient's coexisting psychological, medical, or social problems that could interfere with treatment have been addressed and the patient's functioning is stable enough to start sex hormone therapy
- OR**
- 2. The patient is continuing therapy with sex hormone treatment AND the patient is being monitored at least once per year
- OR**
- ii. The patient is an adult AND ONE of the following:
    - 1. The patient is initiating sex hormone treatment AND ALL of the following:
      - a. A persistent diagnosis has been confirmed by a mental health professional  
**AND**
      - b. The patient has sufficient mental capacity to give consent  
**AND**

c. The patient's coexisting mental health concerns, if present, are reasonably well controlled

**AND**

d. The patient's medical conditions that can be exacerbated by treatment with sex hormones have been evaluated and addressed

**OR**

2. The patient is currently on sex hormone treatment and BOTH of the following:

a. ONE of the following:

i. The patient's current testosterone level is ONE of the following:

1. Total serum testosterone level that is within OR below the testing laboratory's lower limit of the normal range OR is less than 300 ng/dL

**OR**

2. Free serum testosterone level is within OR below the testing laboratory's normal range

**OR**

ii. The prescriber has provided documentation in support of continuing therapy with the patient's current testosterone level

**AND**

b. The patient is being monitored at least once per year

**AND**

2. The patient does NOT have any FDA labeled contraindication(s) to the requested agent

**AND**

3. ONE of the following:

a. The patient is not currently being treated with another androgen or anabolic steroid agent (in the past 90 days)

**OR**

b. The patient will discontinue the current androgen or anabolic steroid agent before starting the requested agent

**OR**

c. The prescriber has submitted documentation in support of therapy with more than one agent which has been reviewed and approved by the Clinical Review pharmacist

**AND**

4. ONE of the following:
  - a. The requested quantity (dose) is less than or equal to the program quantity limit  
**OR**
  - b. ALL of the following:
    - i. The requested quantity (dose) is greater than the program quantity limit  
**AND**
    - ii. The requested quantity (dose) is less than the maximum FDA labeled dose (for the requested indication)  
**AND**
    - iii. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit  
**OR**
  - c. ALL of the following:
    - i. The requested quantity (dose) is greater than the program quantity limit  
**AND**
    - ii. The requested quantity (dose) is greater than the maximum FDA labeled dose (for the requested indication)  
**AND**
    - iii. The prescriber has submitted documentation in support of therapy with a higher dose for the requested indication

**Length of Approval:** 6 months (delayed puberty only)  
12 months (all other indications)

- C. Aved** will be approved when **ALL** of the following are met:
1. ONE of the following:
    - a. ALL of the following:
      - i. The patient has primary or secondary (hypogonadotropic) hypogonadism  
**AND**
      - ii. For patients not currently receiving testosterone replacement therapy, prior to testosterone replacement therapy, the patient had sign/symptom of hypogonadism  
**AND**
      - iii. ONE of the following levels:
        1. The patient is not currently receiving testosterone replacement therapy AND has ONE of the following pretreatment levels:
          - a. Total serum testosterone level that is below the testing laboratory's lower limit of the normal range or is less than 300 ng/dL  
**OR**
          - b. Free serum testosterone level that is below the testing laboratory's lower limit of the normal range  
**OR**
        2. The patient is currently receiving testosterone replacement therapy AND The patient has ONE of the following current levels:
          - a. Total serum testosterone level that is within OR below the testing laboratory's lower limit of the normal range OR is less than 300 ng/dL  
**OR**
          - b. Free serum testosterone level is within OR below the testing laboratory's normal range  
**OR**
      - b. The patient has a diagnosis of gender identity disorder (GID), gender dysphoria, or gender incongruence AND ONE of the following:
        - i. The patient is an adolescent and ONE of the following:
          1. The patient is initiating sex hormone treatment AND ALL of the following:
            - a. A persistent diagnosis was confirmed by a mental health professional who is trained in child and adolescent developmental psychopathy  
**AND**
            - b. The patient's indication for sex hormone treatment has been confirmed by an endocrinologist OR clinician experienced in pubertal sex hormone induction  
**AND**

- c. The patient does not have any medical contraindications to sex hormone treatment as confirmed by an endocrinologist OR clinician experienced in pubertal sex hormone induction  
**AND**
- d. The patient has been informed and counseled regarding effects and side effects of sex hormone treatment including those which are irreversible, and regarding loss of fertility and options to preserve fertility  
**AND**
- e. ONE of the following:
  - i. The patient is 16 years of age or greater  
**OR**
  - ii. The prescriber has provided documentation in support of initiating therapy prior to 16 years of age  
**AND**
- f. The patient has sufficient mental capacity to give consent  
**AND**
- g. The patient has provided consent AND, as applicable, the parents or other caretakers or guardians have provided consent to therapy  
**AND**
- h. The patient's coexisting psychological, medical, or social problems that could interfere with treatment have been addressed and the patient's functioning is stable enough to start sex hormone therapy  
**OR**
- 2. The patient is continuing therapy with sex hormone treatment AND the patient is being monitored at least once per year  
**OR**
- ii. The patient is an adult AND ONE of the following:
  - 1. The patient is initiating sex hormone treatment AND ALL of the following:
    - a. A persistent diagnosis has been confirmed by a mental health professional  
**AND**
    - b. The patient has sufficient mental capacity to give consent  
**AND**

c. The patient's coexisting mental health concerns, if present, are reasonably well controlled

**AND**

d. The patient's medical conditions that can be exacerbated by treatment with sex hormones have been evaluated and addressed

**OR**

2. The patient is currently on sex hormone treatment and BOTH of the following:

a. ONE of the following:

i. The patient's current testosterone level is ONE of the following:

1. Total serum testosterone level that is within OR below the testing laboratory's lower limit of the normal range OR is less than 300 ng/dL

**OR**

2. Free serum testosterone level is within OR below the testing laboratory's normal range

**OR**

ii. The prescriber has provided documentation in support of continuing therapy with the patient's current testosterone level

**AND**

b. The patient is being monitored at least once per year

**AND**

2. The patient does NOT have any FDA labeled contraindication(s) to the requested agent

**AND**

3. ONE of the following:

a. The patient is not currently being treated with another androgen or anabolic steroid agent (in the past 90 days)

**OR**

b. The patient will discontinue the current androgen or anabolic steroid agent before starting the requested agent

**OR**

c. The prescriber has submitted documentation in support of therapy with more than one agent which has been reviewed and approved by the Clinical Review pharmacist

**AND**

4. ONE of the following:
- a. The requested quantity (dose) is less than or equal to the program quantity limit  
**OR**
  - b. ALL of the following:
    - i. The requested quantity (dose) is greater than the program quantity limit  
**AND**
    - ii. The requested quantity (dose) is less than the maximum FDA labeled dose (for the requested indication)  
**AND**
    - iii. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit**OR**
  - c. ALL of the following:
    - i. The requested quantity (dose) is greater than the program quantity limit  
**AND**
    - ii. The requested quantity (dose) is greater than the maximum FDA labeled dose (for the requested indication)  
**AND**
    - iii. The prescriber has submitted documentation in support of therapy with a higher dose for the requested indication

**Length of Approval:** 12 months

**D. Testopel** will be approved when ALL of the following are met:

1. ONE of the following:
  - a. BOTH of the following:
    - i. ONE of the following:
      1. BOTH of the following:
        - a. Patient has primary or secondary (hypogonadotropic) hypogonadism  
**AND**
        - b. For patients not currently receiving testosterone replacement therapy, prior to testosterone replacement therapy, the patient had sign/symptom of hypogonadism  
**OR**
      2. BOTH of the following:
        - a. ONE of the following:
          - i. The patient is male  
**OR**
          - ii. The prescriber has provided documentation that the requested agent is medically appropriate for the patient's gender  
**OR**
        3. Patient is an adolescent with delayed puberty  
**AND**
    - ii. ONE of the following levels:
      1. The patient is not currently receiving testosterone replacement therapy AND has ONE of the following pretreatment levels:
        - a. Total serum testosterone level that is below the testing laboratory's lower limit of the normal range or is less than 300 ng/dL  
**OR**
        - b. Free serum testosterone level that is below the testing laboratory's lower limit of the normal range  
**OR**
      2. The patient is currently receiving testosterone replacement therapy AND the patient has ONE of the following current levels:
        - a. Total serum testosterone level that is within OR below the testing laboratory's lower limit of the normal range OR is less than 300 ng/dL  
**OR**
        - b. Free serum testosterone level is within OR below the testing laboratory's normal range

**OR**



- b. The patient has a diagnosis of gender identity disorder (GID), gender dysphoria, or gender incongruence AND ONE of the following:
  - i. The patient is an adolescent and ONE of the following:
    - 1. The patient is initiating sex hormone treatment AND ALL of the following:
      - a. A persistent diagnosis was confirmed by a mental health professional who is trained in child and adolescent developmental psychopathology  
**AND**
      - b. The patient's indication for sex hormone treatment has been confirmed by an endocrinologist OR clinician experienced in pubertal sex hormone induction  
**AND**
      - c. The patient does not have any medical contraindications to sex hormone treatment as confirmed by an endocrinologist OR clinician experienced in pubertal sex hormone induction  
**AND**
      - d. The patient has been informed and counseled regarding effects and side effects of sex hormone treatment including those which are irreversible, and regarding loss of fertility and options to preserve fertility  
**AND**
      - e. ONE of the following:
        - i. The patient is 16 years of age or greater  
**OR**
        - ii. The prescriber has provided documentation in support of initiating therapy prior to 16 years of age  
**AND**
      - f. The patient has sufficient mental capacity to give consent  
**AND**
      - g. The patient has provided consent AND, as applicable, the parents or other caretakers or guardians have provided consent to therapy  
**AND**
      - h. The patient's coexisting psychological, medical, or social problems that could interfere with treatment have been addressed and the patient's functioning is stable enough to start sex hormone therapy

2. The patient is continuing therapy with sex hormone treatment AND the patient is being monitored at least once per year

**OR**

- ii. The patient is an adult AND ONE of the following:

1. The patient is initiating sex hormone treatment AND ALL of the following:

- a. A persistent diagnosis has been confirmed by a mental health professional

**AND**

- b. The patient has sufficient mental capacity to give consent

**AND**

- c. The patient's coexisting mental health concerns, if present, are reasonably well controlled

**AND**

- d. The patient's medical conditions that can be exacerbated by treatment with sex hormones have been evaluated and addressed

**OR**

2. The patient is currently on sex hormone treatment and BOTH of the following:

- a. ONE of the following:

- i. The patient's current testosterone level is ONE of the following:

1. Total serum testosterone level that is within OR below the testing laboratory's lower limit of the normal range OR is less than 300 ng/dL

**OR**

2. Free serum testosterone level is within OR below the testing laboratory's normal range

**OR**

- ii. The prescriber has provided documentation in support of continuing therapy with the patient's current testosterone level

**AND**

- b. The patient is being monitored at least once per year

**AND**

2. The patient does NOT have any FDA labeled contraindication(s) to the requested agent

**AND**

3. ONE of the following:
  - a. The patient is not currently being treated with another androgen or anabolic steroid agent (in the past 90 days)  
**OR**
  - b. The patient will discontinue the current androgen or anabolic steroid agent before starting the requested agent  
**OR**
  - c. The prescriber has submitted documentation in support of therapy with more than one agent  
**AND**
4. ONE of the following:
  - a. The requested quantity (dose) is less than or equal to the program quantity limit  
**OR**
  - b. ALL of the following:
    - i. The requested quantity (dose) is greater than the program quantity limit  
**AND**
    - ii. The requested quantity (dose) is less than the maximum FDA labeled dose (for the requested indication)  
**AND**
    - iii. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit  
**OR**
  - c. ALL of the following:
    - i. The requested quantity (dose) is greater than the program quantity limit  
**AND**
    - ii. The requested quantity (dose) is greater than the maximum FDA labeled dose (for the requested indication)  
**AND**
    - iii. The prescriber has submitted documentation in support of therapy with a higher dose for the requested indication

**Length of Approval:** 6 months (delayed puberty only)  
12 months (all other indications)

**E. Android, Androxy, Methitest, Testred** will be approved when **ALL** of the following are met:

1. ONE of the following:
  - a. ALL of the following:
    - i. ONE of the following:
      1. The patient has cryptorchidism  
**OR**
      2. BOTH of the following:
        - a. The patient has hypogonadism  
**AND**
        - b. For patients not currently receiving testosterone replacement therapy, prior to testosterone replacement therapy, the patient had sign/symptom of hypogonadism  
**OR**
      3. BOTH of the following:
        - a. ONE of the following:
          - i. The patient is male  
**OR**
          - ii. The prescriber has provided documentation that the requested agent is medically appropriate for the patient's gender  
**AND**
        - b. The patient is an adolescent with delayed puberty  
**AND**
    - ii. ONE of the following levels:
      1. The patient is not currently receiving testosterone replacement therapy **AND** has ONE of the following pretreatment levels:
        - a. Total serum testosterone level that is below the testing laboratory's lower limit of the normal range or is less than 300 ng/dL  
**OR**
        - b. Free serum testosterone level that is below the testing laboratory's lower limit of the normal range  
**OR**
      2. The patient is currently receiving testosterone replacement therapy **AND** the patient has ONE of the following current levels:
        - a. Total serum testosterone level that is within **OR** below the testing laboratory's lower limit of the normal range **OR** is less than 300 ng/dL  
**OR**
        - b. Free serum testosterone level is within **OR** below the testing laboratory's normal range

**OR**

- b. The patient has metastatic/inoperable breast cancer  
**AND**
- 2. The patient does NOT have any FDA labeled contraindication(s) to the requested agent  
**AND**
- 3. ONE of the following:
  - a. The patient is not currently being treated with another one androgen or steroid anabolic agent (in the past 90 days)  
**OR**
  - b. The patient will discontinue the current androgen or anabolic steroid agent before starting the requested agent  
**OR**
  - c. The prescriber has submitted documentation in support of therapy with more than one agent which has been reviewed and approved by the Clinical Review pharmacist

**Length of Approval:** 6 months (delayed puberty only)  
12 months (all other indications)

**F. Anadrol-50** will be approved when **ALL** of the following are met:

1. The patient has ONE of the following diagnoses:
  - a. Patient has anemia caused by deficient red cell production, including acquired aplastic anemia, congenital aplastic anemia, myelofibrosis and the hypoplastic anemias due to the administration of myelotoxic drugs  
**OR**
  - b. Patient has anemia associated with chronic renal failure AND ONE of the following:
    - i. The patient's medication history indicates previous use of an erythropoiesis-stimulating agent  
**OR**
    - ii. The patient has documented intolerance, FDA labeled contraindication or hypersensitivity to an erythropoiesis-stimulating agent**AND**
2. The patient has a hematocrit (Hct) value <30%  
**AND**
3. The patient does NOT have any FDA labeled contraindication(s) to the requested agent  
**AND**
4. ONE of the following:
  - a. The patient is not currently being treated with another one androgen or anabolic steroid agent (in the past 90 days)  
**OR**
  - b. The patient will discontinue the current androgen or anabolic steroid agent before starting the requested agent  
**OR**
  - c. The prescriber has submitted documentation in support of therapy with more than one agent which has been reviewed and approved by the clinical Review pharmacist

**Length of Approval:** 12 months

- G. danazol** will be approved when ALL of the following are met:
1. The patient has ONE of the following diagnoses:
    - a. Patient has fibrocystic breast disease  
**OR**
    - b. Patient has hereditary angioedema  
**OR**
    - c. Patient has endometriosis  
**AND**
  2. The patient does NOT have any FDA labeled contraindication(s) to the requested agent  
**AND**
  3. ONE of the following:
    - a. The patient is not currently being treated with another androgen or anabolic steroid agent (in the past 90 days)  
**OR**
    - b. The patient will discontinue the current androgen or anabolic steroid agent before starting the requested agent  
**OR**
    - c. The prescriber has submitted documentation in support of therapy with more than one agent which has been reviewed and approved by the clinical Review pharmacist

**Length of Approval:** 12 months

**H. Oxandrin (oxandrolone)** will be approved when **ALL** of the following are met:

1. The patient has ONE of the following diagnoses:
  - a. Patient has AIDS/HIV-associated wasting syndrome, confirmed by BOTH of the following:
    - i. ONE of the following:
      1. The patient has had weight loss of greater than ONE of the following:
        - a. 10% within 12 months or from baseline visit
        - OR**
        - b. 7.5% within 6 months
        - OR**
        - c. 5% within 3 months
      - OR**
      2. The patient has a body cell mass (BCM) loss  $\geq 5\%$  within 6 months
      - OR**
      3. The patient is male and has BCM  $< 35\%$  of total body weight and body mass index (BMI)  $< 27 \text{ kg/m}^2$
      - OR**
      4. The patient is female and has BCM  $< 23\%$  of total body weight and BMI  $< 27 \text{ kg/m}^2$
      - OR**
      5. The prescriber has provided documentation that the patient's BCM  $< 35\%$  or  $< 23\%$  and BMI  $< 27 \text{ kg/m}^2$  are medically appropriate for diagnosing AIDS wasting/cachexia for the patient's gender
    - AND**
    - ii. All other causes of weight loss have been ruled out
  - OR**
  - b. BOTH of the following:
    - i. ONE of the following:
      1. The patient is female
      - OR**
      2. The prescriber has provided documentation that the requested agent is medically appropriate for the patient's gender
    - AND**
    - ii. Patient is a child or adolescent with Turner syndrome AND is currently receiving growth hormone
- OR**
- c. Patient has weight loss following extensive surgery, chronic infections, or severe trauma
- OR**
- d. Patient has chronic pain from osteoporosis
- OR**



- e. Patient is on long-term administration of oral or injectable corticosteroids  
**OR**
- f. The patient has a diagnosis of gender identity disorder (GID), gender dysphoria, or gender incongruence AND ONE of the following:
  - i. The patient is an adolescent and ONE of the following:
    - 1. The patient is initiating sex hormone treatment AND ALL of the following:
      - a. A persistent diagnosis was confirmed by a mental health professional who is trained in child and adolescent developmental psychopathy  
**AND**
      - b. The patient's indication for sex hormone treatment has been confirmed by an endocrinologist OR clinician experienced in pubertal sex hormone induction  
**AND**
      - c. The patient does not have any medical contraindications to sex hormone treatment as confirmed by an endocrinologist OR clinician experienced in pubertal sex hormone induction  
**AND**
      - d. The patient has been informed and counseled regarding effects and side effects of sex hormone treatment including those which are irreversible, and regarding loss of fertility and options to preserve fertility  
**AND**
      - e. ONE of the following:
        - i. The patient is 16 years of age or greater  
**OR**
        - ii. The prescriber has provided documentation in support of initiating therapy prior to 16 years of age  
**AND**
      - f. The patient has sufficient mental capacity to give consent  
**AND**
      - g. The patient has provided consent AND, as applicable, the parents or other caretakers or guardians have provided consent to therapy  
**AND**

- h. The patient's coexisting psychological, medical, or social problems that could interfere with treatment have been addressed and the patient's functioning is stable enough to start sex hormone therapy

**OR**

- 2. The patient is continuing therapy with sex hormone treatment AND the patient is being monitored at least once per year

**OR**

- ii. The patient is an adult AND ONE of the following:

- 1. The patient is initiating sex hormone treatment AND ALL of the following:

- a. A persistent diagnosis has been confirmed by a mental health professional

**AND**

- b. The patient has sufficient mental capacity to give consent

**AND**

- c. The patient's coexisting mental health concerns, if present, are reasonably well controlled

**AND**

- d. The patient's medical conditions that can be exacerbated by treatment with sex hormones have been evaluated and addressed

**OR**

- 2. The patient is currently on sex hormone treatment and BOTH of the following:

- a. ONE of the following:

- i. The patient's current testosterone level is ONE of the following:

- 1. Total serum testosterone level that is within OR below the testing laboratory's lower limit of the normal range OR is less than 300 ng/dL

**OR**

- 2. Free serum testosterone level is within OR below the testing laboratory's normal range

**OR**

- ii. The prescriber has provided documentation in support of continuing therapy with the patient's current testosterone level

**AND**

- b. The patient is being monitored at least once per year

**AND**

2. The patient does NOT have any FDA labeled contraindication(s) to the requested agent  
**AND**
3. ONE of the following:
  - a. The patient is not currently being treated with another androgen or anabolic steroid agent (in the past 90 days)  
**OR**
  - b. The patient will discontinue the current androgen or anabolic steroid agent before starting the requested agent  
**OR**
  - c. The prescriber has submitted documentation in support of therapy with more than one agent which has been reviewed and approved by the Clinical Review pharmacist

**Length of Approval:** 12 months

Brand (generic)	Quantity Per Day Limit (or as noted)
<b>Topical Androgen Agents</b>	
<b>Androderm® (testosterone transdermal system)</b>	
2 mg/day transdermal system	1 patch
4 mg/day transdermal system	1 patch
<b>AndroGel® / Testosterone (testosterone gel)</b>	
1% gel, 2.5 g packet <sup>b</sup>	2 packets (5 g)
1% gel, 5 g packet <sup>b</sup>	2 packets (10 g)
1% gel, 75 g pump bottle (1.25 g/actuation; 60 actuations/pump bottle) <sup>b</sup>	8 actuations/day, 4 pump bottles/30 days (10 g/day)
1% gel, 2 x 75 g pump bottle (1.25 g/actuation; 60 actuations/pump bottle) <sup>b</sup>	8 actuations/day, 4 pump bottles/30 days (10 g/day)
1.62% gel, 1.25 g packet <sup>b</sup>	1 packet (1.25 g/day)
1.62% gel, 2.5 g packet <sup>b</sup>	2 packets (5 g/day)
1.62% gel, 75 g pump-bottle (1.25 g/actuation; 60 actuations/pump bottle) <sup>b</sup>	4 actuations/day, 2 pump-bottles/30 days (5 g/day)
<b>Axiron® (testosterone solution)<sup>b</sup></b>	
30 mg/1.5 mL, 90 mL pump bottle (1.5 mL/actuation; 60 actuations/pump bottle)	4 actuations/day, 2 pump bottles/30 days (6 mL/day)
<b>Fortesta™ / Testosterone (testosterone gel)<sup>b,c</sup></b>	
2% gel, 60 g pump bottle (0.5 g/actuation; 120 actuation/pump bottle)	8 actuations/day, 2 pump bottles/30 days (4 g/day)
<b>Natesto™ (testosterone nasal gel)</b>	
5.5 mg/0.122g, 11 g pump bottle (0.122 g/actuation; 60 actuations/pump bottle)	6 actuations/day, 3 pump bottles/30 days (0.732 g/day)
<b>Striant® (testosterone buccal system)</b>	
30 mg buccal system	2 systems
<b>Testim® / Testosterone (testosterone gel)<sup>b</sup></b>	
1% gel, 5 g tube	2 tubes (10 g)

Brand (generic)	Quantity Per Day Limit (or as noted)
<b>Vogelxo™ / Testosterone (testosterone gel)</b>	
1% gel, 50 mg/5 g tube	2 tubes (10 g)
1% gel, 50 mg/5 g packet	2 packets (10 g)
1% gel, 75 g pump bottle (12.5 mg/actuation; 60 actuations/ pump bottle)	8 actuations/day, 4 pump bottles/30 days (10 g/day)
<b>Injectable Androgen Agents</b>	
<b>Aveed™ (testosterone undecanoate)</b>	
250 mg/mL, 3 mL vial	1 vial/28 days (3 mL/28 days)
<b>testosterone enanthate<sup>b</sup></b>	
200 mg/mL, 5 mL multiple dose vial	1 vial/28 days (5 mL/28 days)
<b>Depo-Testosterone® (testosterone cypionate)<sup>b</sup></b>	
100 mg/mL, 10 mL multiple dose vial	1 vial/28 days (10 mL/28 days)
200 mg/mL, 1 mL vial	10 vials/28 days (10 mL/28 days)
200 mg/mL, 10 mL multiple dose vial	1 vial/28 days (10 mL/28 days)
<b>Testopel® (testosterone pellets)</b>	
75 mg	6 pellets/90 days
<b>Xyosted™ (testosterone enanthate)</b>	
50 mg/0.5 mL	4 injections (2 mL)/28 days
75 mg/0.5 mL	4 injections (2 mL)/28 days
100 mg/0.5 mL	4 injections (2 mL)/28 days

a – Brand drug has been discontinued by the manufacturer but may still be available

b – Generic available and included in prior authorization and quantity limit programs

c – Quantity limit adjusted to accommodate packaging of agent

<b>FDA Labeled Contraindications</b>	
Agent	Contraindications
<b>Topical Androgen Agents</b>	
Androderm	<ol style="list-style-type: none"> <li>Men with carcinoma of the breast or known or suspected carcinoma of the prostate</li> <li>Women who are or may become pregnant, or who are breastfeeding</li> </ol>
Androgel / Testosterone	
Axiron	
Fortesta / Testosterone	
Natesto	
Striant	
Testim / Testosterone	
Vogelxo/ Testosterone	
<b>Injectable Androgen Agents</b>	
Aveed (testosterone undecanoate)	<ol style="list-style-type: none"> <li>Men with carcinoma of the breast or known or suspected carcinoma of the prostate</li> <li>Women who are or may become pregnant or are breastfeeding</li> <li>Hypersensitivity to Aveed or any of its ingredients (testosterone undecanoate, refined castor oil, benzyl benzoate)</li> </ol>
testosterone enanthate	<ol style="list-style-type: none"> <li>Men with carcinoma of the breast or known or suspected carcinoma of the prostate</li> <li>Women who are or may become pregnant</li> </ol>
Testopel	

<b>FDA Labeled Contraindications</b>			
<b>Agent</b>	<b>Contraindications</b>		
Depo-Testosterone (testosterone cypionate)	<ol style="list-style-type: none"> <li>1. Men with carcinoma of the breast or known or suspected carcinoma of the prostate</li> <li>2. Women who are or may become pregnant</li> <li>3. Patients with serious cardiac, hepatic or renal disease <i>Severe liver disease: Child Pugh Grade III-IV (or refractory)</i> <i>Severe renal disease: Stage 4 Severe CKD (GFR=15-29 mL/min) or Stage 5 End Stage CKD (GFR &lt;15 mL/min)</i></li> </ol>		
<b>Oral Androgen Agents</b>			
Android	<ol style="list-style-type: none"> <li>1. Male patients with prostate cancer or breast cancer</li> <li>2. Pregnant women</li> </ol>		
Methitest			
Testred			
Androxy	<ol style="list-style-type: none"> <li>1. Known or suspected prostate cancer</li> <li>2. Men with breast cancer</li> <li>3. Women who are or may become pregnant</li> </ol>		
<b>Anabolic Steroid Agents</b>			
Anadrol-50	<ol style="list-style-type: none"> <li>1. Carcinoma of the prostate or breast in male patients</li> <li>2. Carcinoma of the breast in females with hypercalcemia (normal calcium blood values range from 8.5 to 10.2 mg/dL and may vary slightly among different laboratories); androgenic anabolic steroids may stimulate osteolytic resorption of bones</li> <li>3. Women who are or may become pregnant</li> <li>4. Nephrosis or the nephrotic phase of nephritis</li> <li>5. Severe hepatic dysfunction: Child Pugh Grade III-IV (or refractory)</li> </ol>		
danazol	<table border="0"> <tr> <td> <ol style="list-style-type: none"> <li>1. Breast-feeding</li> <li>2. Pregnancy</li> <li>3. Porphyria</li> <li>4. Vaginal bleeding</li> <li>5. Cardiac disease</li> </ol> </td> <td> <ol style="list-style-type: none"> <li>6. Severe hepatic disease: Child Pugh Grade III-IV (or refractory)</li> <li>7. Severe renal disease, including renal failure: <i>Stage 4 Severe CKD (GFR=15-29 mL/min) or Stage 5 End Stage CKD (GFR &lt;15 mL/min)</i></li> </ol> </td> </tr> </table>	<ol style="list-style-type: none"> <li>1. Breast-feeding</li> <li>2. Pregnancy</li> <li>3. Porphyria</li> <li>4. Vaginal bleeding</li> <li>5. Cardiac disease</li> </ol>	<ol style="list-style-type: none"> <li>6. Severe hepatic disease: Child Pugh Grade III-IV (or refractory)</li> <li>7. Severe renal disease, including renal failure: <i>Stage 4 Severe CKD (GFR=15-29 mL/min) or Stage 5 End Stage CKD (GFR &lt;15 mL/min)</i></li> </ol>
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Oxandrin (oxandrolone)	<ol style="list-style-type: none"> <li>1. Known or suspected carcinoma of the prostate or the male breast</li> <li>2. Carcinoma of the breast in females with hypercalcemia (normal calcium blood values range from 8.5 to 10.2 mg/dL; may vary slightly among different laboratories); androgenic anabolic steroids may stimulate osteolytic bone resorption</li> <li>3. Pregnancy</li> <li>4. Nephrosis, the nephrotic phase of nephritis</li> <li>5. Hypercalcemia (normal calcium blood values range from 8.5 to 10.2 mg/dL; may vary slightly among different lab)</li> </ol>		

## **RATIONALE**

### **Efficacy**

#### **Androgen Deficiency Syndromes**

Testosterone replacement therapy should be initiated in symptomatic men with hypogonadism with a subnormal serum testosterone.<sup>12, 47</sup> Signs and symptoms of hypogonadism include:<sup>12</sup>

- Specific symptoms and signs:
  - Incomplete or delayed sexual development

- Loss of body (axillary and pubic) hair
- Very small testes (especially <6 ml)
- Suggestive symptoms and signs:
  - Reduced sexual desire (libido) and activity
  - Decreased spontaneous erections, erectile dysfunction
  - Breast discomfort, gynecomastia
  - Eunuchoidal body proportions
  - Inability to father children, low sperm count
  - Height loss, low trauma fracture, low bone mineral density
  - Hot flushes, sweats
- Nonspecific symptoms and signs:
  - Decreased energy, motivation, initiative, and self-confidence
  - Feeling sad or blue, depressed mood, persistent low-grade depressive disorder
  - Poor concentration and memory
  - Sleep disturbance, increased sleepiness
  - Mild unexplained anemia (normochromic, normocytic)
  - Reduced muscle bulk and strength
  - Increased body fat, body mass index

Low testosterone levels should be assessed to confirmed diagnosis. The principal goal of testosterone therapy is to restore serum testosterone concentration to normal range.<sup>12, 47</sup>

### **Hereditary Angioedema (HAE)**

Danazol is FDA approved for use in angioedema prophylaxis in patients with hereditary angioedema (HAE).<sup>40</sup> Guidelines also recommend the use of Danazol as one of the initial prophylaxis options for HAE.<sup>48, 49</sup>

### **Off Label Use – AIDS/HIV**

Androgens and anabolic steroids have been studied for use in AIDS/HIV-associated wasting syndrome and Turner syndrome. Clinical studies support the use of the following agents in men for AIDS/HIV-associated wasting syndrome: testosterone transdermal system<sup>16</sup>, testosterone enanthate<sup>17,18,21</sup>, oxandrolone<sup>19,20</sup>, and cypionate<sup>42</sup>. The use of topical testosterone to treat AIDS wasting in women is supported by several studies.<sup>28,29</sup> Oxandrolone was studied in both male and female pediatric patients.<sup>20</sup>

### **Off Label Use – Turner Syndrome**

The Turner Syndrome Consensus Study Group, sponsored by the National Institutes of Health's National Institute of Child Health and Human Development, recommends oxandrolone for treatment of Turner syndrome, when used in conjunction with growth hormone (GH).<sup>15</sup> Recommended dose of oxandrolone is 0.05 mg/kg/d or less in conjunction with growth hormone only. Therapy may be continued until a satisfactory height has been attained or until little growth potential remains (bone age > 14 yr and growth velocity <2 cm/yr).

### **Off Label Use – Chronic Kidney Disease Anemia**

The National Kidney Foundation's Kidney Disease Outcomes Quality Initiative (KDOQI) Clinical Practice Guidelines and Clinical Practice Recommendations for Anemia in Chronic Kidney Disease have a strong recommendation against the use of androgens as adjuvant to erythropoiesis-

stimulating agent (ESA) treatment in anemia patients with chronic kidney disease.<sup>22</sup> The current guideline has serious safety concerns and states evidence for androgens' efficacy is low quality. Before the availability of epoetin therapy, androgens were used regularly in the treatment of anemia in dialysis patients.

### **Off Label Use – Duchenne Muscular Dystrophy**

The DMD (Duchenne muscular dystrophy) Care Considerations Working Group guidelines recommend glucocorticoids as first-line treatment for Duchenne muscular dystrophy. Glucocorticoids are the only medication currently available that slow the decline in muscle strength and function in DMD, which in turn reduces the risk of scoliosis and stabilizes pulmonary function. Oxandrolone is not considered necessary or appropriate, either with or without glucocorticoid therapy.<sup>23</sup>

### **Off Label Use – Vulvar Skin Disorder**

The American Congress of Obstetricians and Gynecologists (ACOG) guidelines for vulvar skin disorders recommend a high potency topical steroid such as clobetasol propionate for treatment of lichen sclerosus. Topical testosterone has shown inconsistent results in trials.<sup>24</sup> The British Association of Dermatologists' guidelines state that "there appears to be no evidence base for the use of topical testosterone" for treatment of female anogenital lichen sclerosus.<sup>27</sup> Testosterone propionate has been used for decreased libido and vulva atrophy/dystrophy; such indications are not FDA approved. The Endocrine Society recommends against the generalized use of testosterone by women because the indications are inadequate and evidence of long-term studies is lacking.<sup>25</sup>

### **Off Label Use – Erectile Dysfunction**

The American Urology Association (AUA) recommends that phosphodiesterase type 5 inhibitors should be first-line therapy for erectile dysfunction. AUA also recommend that testosterone therapy is not indicated for the treatment of erectile dysfunction in patients with a normal serum testosterone level. Also, the role of testosterone therapy in men with sexual dysfunction with low, borderline normal, and normal testosterone levels is not well defined.<sup>37</sup>

### **Off Label Use – Gender Identity Disorder / Gender Dysphoria / Gender Incongruence**

The Endocrine Society states the following for the diagnosis and treatment of gender identity disorder (GID) / gender dysphoria / gender incongruence:<sup>45</sup>

- Recommend that a diagnosis of be made by a mental health professional (MHP). For children and adolescents, the MHP must also be training in child and adolescent developmental psychopathology
- Recommend all transsexual individuals should be informed and counseled regarding option for fertility preservation prior to initiating puberty suppression in adolescents and prior to treating with hormonal therapy of the affirmed gender in both adolescents and adults
- For the treatment of adolescents
  - Recommend for adolescents initiating treatment with sex hormones that the individual have sufficient mental capacity to give informed consent, which most adolescents have by age 16
  - Recognize that there may be compelling reasons to initiate sex hormone treatment prior to the age of 16 years in some adolescents even though there

- are limited studies of gender-affirming hormone treatment administered before age 13.5 -14 years of age.
- Suggest monitoring of clinical pubertal development every 3-6 months and laboratory parameters every 6-12 months during sex hormone treatment
  - Criteria for treatment with gender-affirming sex hormone therapy
    - A qualified mental health professional has confirmed:
      - The persistence of gender dysphoria
      - Any coexisting psychological, medical, or social problems that could interfere with treatment (e.g. that may compromise treatment adherence) have been addressed, such that the adolescent's situation and functioning are stable enough to start sex hormone treatment
      - The adolescent has sufficient mental capacity (which most adolescents have by age 16 year) to estimate the consequences of this (partly) irreversible treatment, weight the benefits and risks, and give informed consent to this (partly) irreversible treatment
    - The adolescent:
      - Has been informed of the (irreversible) effects and side effects of treatment (including potential loss of fertility) and options to preserve fertility)
      - Has given informed consent and (particularly when the adolescent has not reached the age of legal medical consent, depending on applicable legislation) the parents or other caretakers or guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process
    - A pediatric endocrinologist or other clinician experience in pubertal induction:
      - Agrees with the indication for sex hormone treatment
      - Has confirmed that there are no medical contraindications to sex hormone treatment
  - For the treatment of adults
    - Recommend clinicians evaluate and address medical conditions that can be exacerbated by hormone depletion and treatment with sex hormones before beginning treatment
    - Suggest clinicians measure hormone levels during treatment to ensure that endogenous sex steroids are suppressed and administered sex hormones are maintained in the normal physiologic range for the affirmed gender
    - Suggest regular clinical evaluation for physical changes and potential adverse changes in response to sex steroid hormones and laboratory monitoring of sex hormone levels every 3 months during the first year of hormone therapy for transgender males and females and then once or twice yearly
    - Criteria for treatment with gender-affirming hormone therapy
      - Persistent, well-documented gender dysphoria/gender incongruence
      - The capacity to make a fully informed decision and to consent for treatment
      - The age of majority in a given country



- Mental health concerns, if present, must be reasonably well controlled

Generally, transdermal testosterone, parenteral testosterone, and oral testosterone undecanoate can be used in (female to male) FTM transition. Other forms of testosterone (e.g. implantable and buccal) are also available.<sup>45,46</sup>

### **Safety**

Androgens and anabolic steroids are associated with cardiomyopathy, increased low density lipoprotein (LDL), decreased high density lipoprotein (HDL), hepatotoxicity (including hepatic neoplasms), hypertrophy of the prostate and anabolic-androgenic steroids-induced hypogonadism.<sup>13</sup> Testosterone treatment in men aged 65 years and older who have limitations in mobility was associated with an increased risk for cardiovascular events, including myocardial infarction and hypertension, according to a study published by Basaria, et al.<sup>14</sup> Anabolic steroids are mainly abused by males and athletes to increase muscle mass and improve athletic performance.

On September 17, 2014, the FDA Bone, Reproductive and Urologic Drugs Advisory Committee stated that the available studies informing the cardiovascular safety signal with testosterone therapy are limited in scope, quality, design, and size. Nonetheless, there was agreement amongst committee members that a weak signal of cardiovascular risk had emerged from results of cardiovascular-related adverse events with testosterone use. The committee agreed that additional studies on the risk of therapy are needed to assess cardiovascular and other risks associated with short term and long term use of testosterone for age-related hypogonadism.<sup>33</sup>

In an FDA safety communication [03-03-2015], FDA cautioned that the benefit and safety of these medications have not been established for the treatment of low testosterone levels due to aging, even if a man's symptoms seem related to low testosterone. Testosterone product manufacturers must clarify approved uses, and add information to labeling regarding possible increased risk of heart attacks and strokes in patients taking testosterone. Testosterone is FDA-approved as replacement therapy only for men who have low testosterone levels due to disorders of the testicles, pituitary gland, or brain that cause a condition called hypogonadism. Examples of these disorders include failure of the testicles to produce testosterone due to genetic problems, or damage from chemotherapy or infection. FDA has become aware that testosterone is being used extensively in attempts to relieve symptoms in men who have low testosterone for no apparent reason other than aging. The benefits and safety of this use have not been established.<sup>39</sup>

Prescribing information (2015) for testosterone products contains the following warnings: Venous thromboembolism (VTE), including deep vein thrombosis (DVT) and pulmonary embolism (PE) have been reported in patients using testosterone products. Some post-marketing studies have shown an increased risk of myocardial infarction and stroke associated with the use of testosterone replacement therapy. Safety and efficacy in men with "age-related hypogonadism" have not been established. Safety and efficacy in males less than 18 years old have not been established.

A retrospective cohort study (2015) compared cardiovascular safety of testosterone injections, patches, and gels. Adult male initiators (N=431,687) of new dosage formulations of testosterone patches, gels, or injections following 180 days free of any testosterone use were followed for up

to one year of use. Of the subjects followed, 36% used injection products, 9% used patch products, and 55% used gel products. Testosterone injections were associated with a greater risk of CV events, hospitalizations, and deaths vs. gels. Patches and gels had similar risk profiles. This study did not assess whether patients met criteria for use of testosterone and did not assess the safety of testosterone among users compared to non-users of the drug.<sup>41</sup>

On October 25<sup>th</sup>, 2016, the FDA approved a class wide labeling changes for all prescription testosterone products, adding a new Warning and updating the Abuse and Dependence section to include new safety information from published literature and case reports regarding the risks associated with abuse and dependence of testosterone and other Androgen, Anabolic Steroids (AAS). The new Warning will alert prescribers to the abuse potential of testosterone and the serious adverse outcomes, especially those related to heart and mental health that have been reported in association with testosterone/AAS abuse. In addition to the new Warning, all testosterone labeling has been revised to include information in the Abuse and Dependence section about adverse outcomes reported in association with abuse and dependence of testosterone/AAS, and information in the Warning and Precautions section advising prescribers of the importance of measuring serum testosterone concentration if abuse is suspected.<sup>44</sup>

<b>REVISIONS</b>	
01-01-2013	Policy added to the bcbsks.com web site.
06-21-2013	Policy added to the bcbsks.com web site on 05-22-2013. Effective on 06-21-2013, 30 days after posting.
	Revised Title from "Androgens and Anabolic Steroids Prior Authorization and Quantity Limit Criteria" to "Androgens and Anabolic Steroids"
	In Description section: <ul style="list-style-type: none"> <li>▪ Update Description paragraph</li> <li>▪ Added Target Drugs chart to reflect the Preferred Topical Androgen Products of: Androderm (testosterone transdermal system) and AndroGel (testosterone gel); and the Non-Preferred Topical Androgen Products of: Axiron (testosterone solution), Bio-T-Gel (testosterone gel), Fortesta (testosterone gel), Striant (testosterone buccal system), Testim (testosterone gel), First-Testosterone (2% testosterone propionate in white petrolatum compounding kit), and First-Testosterone MC (2% testosterone propionate in moisturizing cream base compounding kit).</li> <li>▪ Updated the FDA Approved Indications and Dosage chart.</li> <li>▪ Updated the Program Quantity Limits – Topical and Injectable Androgens chart.</li> <li>▪ Corrected a duplication error in the FDA Labeled Contraindications chart.</li> </ul>
	In Policy section: <ul style="list-style-type: none"> <li>▪ Added the following criteria to each drug listing (A 5, B 4, C 4, D 4, E 4, F 3, G 3):</li> </ul> <p>“ONE of the following:</p> <ol style="list-style-type: none"> <li>a. The patient will be receiving only one androgen or anabolic agent, OR</li> <li>b. The prescriber has submitted documentation in support of therapy with more than one agent”</li> </ol>
	Added Coding section <ul style="list-style-type: none"> <li>▪ Added HCPCS codes: J1070, J1080, J3120, J3130</li> <li>▪ Added the statement: "There are no specific J codes for the remaining drugs listed in this policy."</li> </ul>
	Rationale section updated
	References updated
08-15-2014	Description section updated

<b>REVISIONS</b>	
	<ul style="list-style-type: none"> <li>▪ Added Injectable, Oral, and Anabolic Steroid Products chart</li> <li>▪ Added Aveed to FDA Approved Indications, Dosage and Program Quantity Limits, and FDA Labeled Contraindications charts</li> <li>▪ Updated FDA Approved Indications and Dosage, Program Quantity Limits, and FDA Labeled Contraindications charts for existing drugs</li> </ul> <p>In Policy section:</p> <ul style="list-style-type: none"> <li>▪ In Item A 1 a added "or female" to read "Patient is a male or female with AIDS/HIV-associated wasting syndrome..."</li> <li>▪ In Item A 2 added "Males only:" to read "Males only: The patient has a measured pretreatment..."</li> <li>▪ In Items A 2, B 2, C 2, and D 2 added "or current" and "below the testing laboratory's lower limit of the normal range or is" to read "The patient has a measured pretreatment or current total serum testosterone level that is below the testing laboratory's lower limit of the normal range or is less than 300 ng/dL OR a free serum testosterone level that is below the testing laboratory's lower limit of the normal range"</li> <li>▪ In Items A 1 a, B 1 a, and G 1 a corrected "voluntary" to read "involuntary"</li> <li>▪ In Item C added "Aveed or" to read "Aveed or Testopel will be approved when..."</li> </ul> <p>Rationale section updated</p> <p>In Coding section:</p> <ul style="list-style-type: none"> <li>▪ Updated HCPCS Code nomenclature: J1080</li> </ul> <p>References updated</p>
10-01-2014	<p>Policy posted 10-28-2014 and effective 10-01-2014.</p> <p>Administrative Update</p> <p>In Description section:</p> <ul style="list-style-type: none"> <li>▪ Added Testosterone (testosterone gel) and Vogelxo™ (testosterone gel) to the Non-preferred Topical Androgens, FDA Approved Indications, Program Quantity Limits, and FDA Labeled Contraindications charts.</li> </ul> <p>In Policy section:</p> <ul style="list-style-type: none"> <li>▪ Added to Item A "Testosterone, Vogelxo", to read, "Androderm, AndroGel, Axiron, Bio-T-Gel, Fortesta, Striant, Testim, Testosterone, Vogelxo, First-Testosterone, or First-Testosterone MC will be approved when ALL of the following are met:"</li> </ul> <p>Rationale section reviewed</p> <p>In Coding section:</p> <p>Added HCPCS Code: C9023 (hospital only), S0189</p> <p>References updated</p>
05-01-2015	<p>In Description section:</p> <ul style="list-style-type: none"> <li>▪ FDA Approved Indications and Dosage chart updated</li> <li>▪ Program Quantity Limits chart updated</li> </ul> <p>In Policy section:</p> <ul style="list-style-type: none"> <li>▪ In Header added "and Quantity Limits" to read Prior Authorization and Quantity Limits Criteria for Approval"</li> <li>▪ In B 1 removed "Patient is a male with erectile dysfunction" indication.</li> <li>▪ In D 1 removed "Patient is a male with erectile dysfunction" indication.</li> </ul> <p>Rationale section updated</p> <p>Removed Coding section</p> <p>References updated</p>
01-01-2016	<p>Policy published 12-30-2015. Policy effective 01-01-2016.</p> <p>Removed the following nonpreferred topical androgen products from the policy:            First®-Testosterone (2% testosterone propionate in white petrolatum compounding kit)            First®-Testosterone MC (2% testosterone propionate in moisturizing cream base compounding kit)</p>

<b>REVISIONS</b>	
	<p>In Description section</p> <ul style="list-style-type: none"> <li>▪ Updated including update of the FDA Approved Indications and Dosage, Quantity Limits, and Contraindications charts.</li> </ul>
	<p>In Policy section</p> <ul style="list-style-type: none"> <li>▪ In Item A added "Natesto" and removed "First-Testosterone or First-Testosterone MC"</li> <li>▪ In Item A 2, B 2, and E 2 added "ONE of the following levels:" and "ONE of the following" and removed "a measured" and "or current" to read "Males only: ONE of the following levels: The patient has ONE of the following pretreatment levels"</li> <li>▪ In Item A 2, B 2, and E 2 added "b. BOTH of the following                             <ul style="list-style-type: none"> <li>i. The patient is currently receiving testosterone replacement therapy AND The patient has ONE of the following current levels:                                     <ol style="list-style-type: none"> <li>1. Total serum testosterone level that is within OR below the testing laboratory's lower limit of the normal range OR is less than 300 ng/dL OR Free serum testosterone level is within OR below the testing laboratory's normal range"</li> <li>▪ In Item A 4 added "b. The requested agent is a stand-alone topical androgen product OR"</li> <li>▪ In Item C replaced the following Aveed or Testopel criteria with current criteria: "Aveed or Testopel will be approved when ALL of the following are met: The patient has ONE of the following diagnoses:   <ol style="list-style-type: none"> <li>a. Patient is a male with primary or secondary (hypogonadotropic) hypogonadism OR</li> <li>b. Patient is an adolescent male with delayed puberty AND</li> </ol> </li> <li>2. The patient has a measured pretreatment or current total serum testosterone level that is below the testing laboratory's lower limit of the normal range or is less than 300 ng/dL OR a free serum testosterone level that is below the testing laboratory's lower limit of the normal range AND</li> <li>3. The patient does NOT have any FDA labeled contraindication(s) AND ONE of the following:   <ol style="list-style-type: none"> <li>a. The patient will be receiving only one androgen or anabolic agent OR</li> <li>b. The prescriber has submitted documentation in support of therapy with more than one agent AND ONE of the following:   <ol style="list-style-type: none"> <li>a. The quantity requested is within the set quantity limit OR</li> <li>b. The quantity (dose) requested is within FDA approved labeling and the prescribed dose cannot be achieved using a lesser quantity of a higher strength OR The quantity (dose) requested is greater than the maximum dose recommended in FDA labeling and the prescriber has submitted documentation in support of therapy with a higher dose for the intended diagnosis"</li> <li>▪ In Aveed or Testopel Length of Approval removed "6 months (delayed puberty only)" and "(all other indications)" to read "12 months"</li> <li>▪ Added Item D for Testopel criteria "D. Testopel will be approved when ALL of the following are met: The patient has ONE of the following diagnoses:   <ol style="list-style-type: none"> <li>a. Patient is a male with primary or secondary (hypogonadotropic) hypogonadism OR</li> <li>b. Patient is an adolescent male with delayed puberty AND</li> </ol> </li> </ol> </li> </ol> </li> <li>ONE of the following levels: The patient has ONE of the following pretreatment levels:                                     <ol style="list-style-type: none"> <li>i. Total serum testosterone level that is below the testing laboratory's lower limit of the normal range or is less than 300 ng/dL OR</li> <li>ii. Free serum testosterone level that is below the testing laboratory's lower limit of the normal range OR</li> </ol> </li> </ol></li></ul> </li> </ul>

<b>REVISIONS</b>	
	<p>BOTH of the following</p> <p>i. The patient is currently receiving testosterone replacement therapy AND The patient has ONE of the following current levels:</p> <p>1. Total serum testosterone level that is within OR below the testing laboratory's lower limit of the normal range OR is less than 300 ng/dL OR Free serum testosterone level is within OR below the testing laboratory's normal range AND</p> <p>3. The patient does NOT have any FDA labeled contraindication(s) AND ONE of the following:</p> <p>a. The patient will be receiving only one androgen or anabolic agent OR b. The prescriber has submitted documentation in support of therapy with more than one agent AND ONE of the following:</p> <p>a. The quantity requested is within the set quantity limit OR b. The quantity (dose) requested is within FDA approved labeling and the prescribed dose cannot be achieved using a lesser quantity of a higher strength OR The quantity (dose) requested is greater than the maximum dose recommended in FDA labeling and the prescriber has submitted documentation in support of therapy with a higher dose for the intended diagnosis Length of Approval: 6 months (delayed puberty only) 12 months (all other indications)"</p> <p>Rationale section updated</p> <p>References updated</p>
01-15-2016	<p>Published 01-15-2016. Effective 01-01-2016.</p> <p>In Policy section:</p> <ul style="list-style-type: none"> <li>▪ Corrected Item C by removing "or Testopel" to read "Aveed will be approved when ALL of the following are met:" (Item D is dedicated to the criteria for Testopel).</li> </ul>
04-15-2016	<p>In Description section</p> <ul style="list-style-type: none"> <li>▪ In FDA Approved Indications and Dosage chart revised references.</li> <li>▪ In Quantity Limits chart added "/Testosterone" to read "AdroGel / Testosterone (testosterone gel)"</li> </ul> <p>In Policy section:</p> <ul style="list-style-type: none"> <li>▪ In Item B added "or Testone CIK (testosterone cypionate) to read "Delatestryl (testosterone enanthate) or Depo-Testosterone (testosterone cypionate) or Testone CIK (testosterone cypionate) will be approved when ALL of the following are met:"</li> </ul> <p>Rationale section updated</p> <p>References updated</p>
01-01-2017	<p>Policy published 12-29-2016. Policy effective 01-01-2017.</p> <p>In Description section:</p> <ul style="list-style-type: none"> <li>▪ Updated Target Drugs to list Androgel and Axiron as the preferred products</li> </ul> <p>Summary of Policy section updates:</p> <ul style="list-style-type: none"> <li>✓ Changed criteria to require the trial or documented intolerance, hypersensitivity, or contraindication to 2 preferred products before a non-preferred product can be used</li> <li>✓ Removed gender requirements when asking for diagnosis of breast cancer and hypogonadism</li> <li>✓ Added an exception for prescriber to provide documentation that the requested product is appropriate for the patient's gender when gender verification is requested</li> <li>✓ When testosterone labs are required, added exception to allow prescriber to provide documentation that testosterone labs are not appropriate for the patient's gender</li> <li>▪ These updates resulted in the following policy language changes: <u>Androderm, AndroGel, Axiron, Bio-T-Gel, Fortesta, Natesto, Striant, Testim, Testosterone, or Vogelxo</u> changed to current policy language from:</li> </ul>

<b>REVISIONS</b>	
	<p>"... will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> <li>1. The patient has ONE of the following diagnoses:               <ol style="list-style-type: none"> <li>a. Patient is a male or female with AIDS/HIV-associated wasting syndrome, defined as unexplained involuntary weight loss (&gt;10% baseline body weight) with obvious wasting OR body mass index &lt;18.5 kg/m<sup>2</sup> AND all other causes of weight loss have been ruled out OR</li> <li>b. Patient is a male with primary or secondary (hypogonadotropic) hypogonadism AND</li> </ol> </li> <li>2. Males only: ONE of the following levels:               <ol style="list-style-type: none"> <li>a. The patient has ONE of the following pretreatment levels                   <ol style="list-style-type: none"> <li>i. Total serum testosterone level that is below the testing laboratory's lower limit of the normal range or is less than 300 ng/dL OR</li> <li>ii. Free serum testosterone level that is below the testing laboratory's lower limit of the normal range</li> </ol> </li> <li>b. BOTH of the following                   <ol style="list-style-type: none"> <li>i. The patient is currently receiving testosterone replacement therapy AND</li> <li>ii. The patient has ONE of the following current levels:                       <ol style="list-style-type: none"> <li>1. Total serum testosterone level that is within OR below the testing laboratory's lower limit of the normal range OR is less than 300 ng/dL OR</li> <li>2. Free serum testosterone level is within OR below the testing laboratory's normal range AND</li> </ol> </li> </ol> </li> <li>3. The patient does NOT have any FDA labeled contraindication(s) AND</li> <li>4. ONE of the following:               <ol style="list-style-type: none"> <li>a. The requested agent is a preferred topical androgen product OR</li> <li>b. The requested agent is a stand-alone topical androgen product OR</li> <li>c. ONE of the following:                   <ol style="list-style-type: none"> <li>i. The patient's medication history indicates use of a preferred topical androgen OR</li> <li>ii. The patient has a documented intolerance, FDA labeled contraindication, or hypersensitivity to a preferred topical androgen AND</li> </ol> </li> </ol> </li> <li>5. ONE of the following:               <ol style="list-style-type: none"> <li>a. The patient will be receiving only one androgen or anabolic agent OR</li> <li>b. The prescriber has submitted documentation in support of therapy with more than one agent AND</li> </ol> </li> <li>6. ONE of the following:               <ol style="list-style-type: none"> <li>a. The quantity requested is within the set quantity limit OR</li> <li>b. The quantity (dose) requested is within FDA approved labeling and the prescribed dose cannot be achieved using a lesser quantity of a higher strength OR</li> <li>c. The quantity (dose) requested is greater than the maximum dose recommended in FDA labeling and prescriber has submitted documentation in support of therapy with a higher dose for the intended diagnosis"</li> </ol> <p><u>Delatestryl (testosterone enanthate) or Depo-Testosterone (testosterone cypionate) or Testone CIK (testosterone cypionate)</u> changed to current policy language from:</p> <p>"...will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> <li>1. The patient has ONE of the following diagnoses:               <ol style="list-style-type: none"> <li>a. Patient is a male with AIDS/HIV-associated wasting syndrome, defined as unexplained involuntary weight loss (&gt;10% baseline body weight) with obvious wasting OR body mass index &lt;18.5 kg/m<sup>2</sup> AND all other causes of weight loss have been ruled out OR</li> <li>b. Patient is a female with metastatic/inoperable breast cancer OR</li> <li>c. Patient is a male with primary or secondary (hypogonadotropic) hypogonadism OR</li> <li>d. Patient is an adolescent male with delayed puberty AND</li> </ol> </li> <li>2. Males only: ONE of the following levels:               <ol style="list-style-type: none"> <li>a. The patient has ONE of the following pretreatment levels</li> </ol> </li> </ol> </li></ol></li></ol>

**REVISIONS**

- i. Total serum testosterone level that is below the testing laboratory's lower limit of the normal range or is less than 300 ng/dL OR
  - ii. Free serum testosterone level that is below the testing laboratory's lower limit of the normal range
  - b. BOTH of the following
    - i. The patient is currently receiving testosterone replacement therapy AND
    - ii. The patient has ONE of the following current levels:
      - 1. Total serum testosterone level that is within OR below the testing laboratory's lower limit of the normal range OR is less than 300 ng/dL OR
      - 2. Free serum testosterone level is within OR below the testing laboratory's normal range
      - 3. The patient does NOT have any FDA labeled contraindication(s) AND
      - 4. ONE of the following:
        - a. The patient will be receiving only one androgen or anabolic agent OR
        - b. The prescriber has submitted documentation in support of therapy with more than one agent AND
      - 5. ONE of the following:
        - a. The quantity requested is within the set quantity limit OR
        - b. The quantity (dose) requested is within FDA approved labeling and the prescribed dose cannot be achieved using a lesser quantity of a higher strength OR
        - c. The quantity (dose) requested is greater than the maximum dose recommended in FDA labeling and prescriber has submitted documentation in support of therapy with a higher dose for the intended diagnosis"
- Aveed
- In Item 1 "removed "is a male with" to read "The patient has primary or secondary (hypogonadotropic) hypogonadism"
- Testopel
- Replaced "1. The patient has ONE of the following diagnoses:
    - a. Patient is a male with primary or secondary (hypogonadotropic) hypogonadism OR
    - b. Patient is an adolescent male with delayed puberty"
- With the following: "1. ONE of the following:
- a. Patient has primary or secondary (hypogonadotropic) hypogonadism OR
  - b. BOTH of the following:
    - i. ONE of the following:
      - 1. The patient is male OR
      - 2. The prescriber has provided documentation that the requested agent is medically appropriate for the patient's gender"
    - In Item 1 b ii removed "male" to read "ii. Patient is an adolescent with delayed puberty"
- Android, Androxy, Methitest, Testred changed to current policy language from:
- "...will be approved when ALL of the following are met:
- 1. The patient has ONE of the following diagnoses:
    - a. Patient is a male with cryptorchidism OR
    - b. Patient is a male with hypogonadism OR
    - c. Patient is an adolescent male with delayed puberty OR
    - d. Patient is a female with metastatic/inoperable breast cancer AND
  - 2. Males only: ONE of the following levels:
    - a. The patient has ONE of the following pretreatment levels
      - i. Total serum testosterone level that is below the testing laboratory's lower limit of the normal range or is less than 300 ng/dL OR
      - ii. Free serum testosterone level that is below the testing laboratory's lower limit of the normal range
    - b. BOTH of the following:
      - i. The patient is currently receiving testosterone replacement therapy AND

<b>REVISIONS</b>	
	<p>ii. The patient has ONE of the following current levels:</p> <ol style="list-style-type: none"> <li>1. Total serum testosterone level that is within OR below the testing laboratory’s lower limit of the normal range OR is less than 300 ng/dL OR</li> <li>2. Free serum testosterone level is within OR below the testing laboratory’s normal range AND</li> <li>3. The patient does NOT have any FDA labeled contraindication(s) AND</li> <li>4. ONE of the following:                             <ol style="list-style-type: none"> <li>a. The patient will be receiving only one androgen or anabolic agent OR</li> <li>b. The prescriber has submitted documentation in support of therapy with more than one agent"</li> </ol> </li> </ol> <p><u>Anadrol-50</u> - No changes  <u>Danazol</u> – No changes  <u>Oxandrin (oxandrolone)</u></p> <ul style="list-style-type: none"> <li>▪ In Item 1 a removed "is a male or female with" to read "Patient has AIDS/HIV-associated wasting syndrome..."</li> </ul> <p>Added 1 b i ""BOTH of the following:</p> <ol style="list-style-type: none"> <li>i. ONE of the following:                             <ol style="list-style-type: none"> <li>1. The patient is female OR</li> <li>2. The prescriber has provided documentation that the requested agent is medically appropriate for the patient’s gender"                                     <ul style="list-style-type: none"> <li>▪ In Item 1 b ii removed "female" to read "Patient is a female child or adolescent with Turner syndrome..."</li> </ul> </li> </ol> </li> </ol>
	Rationale section updated
	References updated
04-01-2017	<p>Summary of Policy updates:</p> <ul style="list-style-type: none"> <li>✓ Clarified that those currently on testosterone therapy should use current testosterone level requirements for approval, and those not on testosterone therapy should use pretreatment testosterone level requirements for approval</li> <li>✓ Additional criteria that the patient shows sign/symptom of hypogonadism prior to testosterone therapy when requesting treatment for hypogonadism per guideline</li> <li>✓ Additional criteria to allow for gender identity disorder based on strong recommendations outlined by the Endocrine Society guideline</li> <li>✓ Removed Non-FDA approved Testone CIK from program</li> </ul> <p>In Description section:</p> <ul style="list-style-type: none"> <li>▪ Remove Testone CIK from Target Drugs and FDA Approved Indications and Dosage charts.</li> </ul> <p>In Policy section:</p> <ul style="list-style-type: none"> <li>▪ In Items A 1 ii 3 a, B 1 b iii 1, C 1 a iii 1, D 1 a ii 1, E 1 a ii 1 added "is not currently receiving testosterone replacement therapy AND" to read "The patient is not currently receiving testosterone replacement therapy AND has ONE of the following pretreatment levels:"</li> <li>▪ In Item A 1 revised "BOTH of the following <u>from</u>:</li> </ul> <ol style="list-style-type: none"> <li>i. Patient has primary or secondary (hypogonadotropic) hypogonadism AND</li> <li>ii. ONE of the following levels:                             <ol style="list-style-type: none"> <li>1. The patient has ONE of the following pretreatment levels:                                     <ol style="list-style-type: none"> <li>a. Total serum testosterone level that is below the testing laboratory’s lower limit of the normal range or is less than 300 ng/dL OR</li> <li>b. Free serum testosterone level that is below the testing laboratory’s lower limit of the normal range OR</li> </ol> </li> <li>2. BOTH of the following                                     <ol style="list-style-type: none"> <li>a. The patient is currently receiving testosterone replacement therapy AND the patient has ONE of the following current levels:</li> </ol> </li> </ol> </li> </ol>



**REVISIONS**

- i. Total serum testosterone level that is within OR below the testing laboratory's lower limit of the normal range OR is less than 300 ng/dL OR
  - ii. Free serum testosterone level is within OR below the testing laboratory's normal range" to "b. ALL of the following:
    - i. Patient has primary or secondary (hypogonadotropic) hypogonadism AND
    - ii. Prior to testosterone replacement therapy, the patient had sign/symptom of hypogonadism AND
    - iii. ONE of the following levels (documentation requirement to be determined by client):
      - 1. The patient has is not currently receiving testosterone replacement therapy AND ONE of the following pretreatment levels:
        - a. Total serum testosterone level that is below the testing laboratory's lower limit of the normal range or is less than 300 ng/dL OR
        - b. Free serum testosterone level that is below the testing laboratory's lower limit of the normal range OR
      - 2. The patient is currently receiving testosterone replacement therapy AND the patient has ONE of the following current levels:
        - a. Total serum testosterone level that is within OR below the testing laboratory's lower limit of the normal range OR is less than 300 ng/dL OR
        - b. Free serum testosterone level is within OR below the testing laboratory's normal range"
          - To Items A 1, B 1, C 1, D 1, E 1, and H 1 added
- "The patient has a diagnosis of gender identity disorder (GID), is initiating cross-sex hormone treatment AND ALL of the following:
- i. ONE of the following:
    - 1. The patient is an adolescent and ALL of the following:
      - a. The patient is not pre-pubescent AND
      - b. The patient meets ALL of the eligible criteria for cross-sex hormone treatment:
        - i. A mental health professional (MHP) with training in child and adolescent developmental psychopathology has confirmed the diagnosis through DSM IV-TR or ICD-10 criteria for GID or transsexualism AND
        - ii. Patient has experienced puberty to at least Tanner stage 2 AND
        - iii. Patient has (early) pubertal changes that have resulted in an increase of their gender dysphoria AND
        - iv. Patient does not suffer from psychiatric comorbidity that interferes with the diagnostic work-up or treatment AND
        - v. Patient has adequate psychological and social support during treatment AND
        - vi. Patient demonstrates knowledge and understanding of the expected outcomes of cross-sex hormone treatment as well as medical and social risks and benefits of sex reassignment OR
    - 2. The patient is an adult and ALL of the following:
      - a. The patient meets ALL of the eligible criteria for cross-sex hormone treatment:
        - i. BOTH an endocrinologist AND a mental health professional (MHP) has confirmed the diagnosis through DSM IV-TR or ICD-10 criteria for GID or transsexualism AND
        - ii. The patient does not suffer from psychiatric comorbidity that interferes with the diagnostic work-up or treatment AND
        - iii. The patient demonstrates knowledge and understanding of the expected outcomes of hormone treatment, as well as the medical and social risks and benefits AND
        - iv. The patient has experienced a documented real life experience (RLE) of at least 3 months duration OR has had a period of psychotherapy (duration specified by the MHP after the initial evaluation, usually a minimum of 3 months) AND
  - ii. The patient meets ALL of the readiness criteria for cross-sex hormone treatment:

<b>REVISIONS</b>	
	<p>1. The patient has had further consolidation of gender identity during a RLE or psychotherapy AND</p> <p>2. The patient has had some progress in mastering other identified problems leading to improvement or continuing stable mental health AND</p> <p>3. The patient is likely to take hormones in a responsible manner AND</p> <p>iii. The patient has been counseled regarding the reversible and irreversible effects of cross-sex hormone treatment AND</p> <p>iv. The patient has been informed and counseled regarding options for fertility after treatment initiation AND</p> <p>v. The patient has had medical conditions that can be exacerbated by hormone depletion and cross-sex hormone treatment evaluated and addressed AND</p> <p>vi. The patient has the capacity to make a fully informed decision and to consent to treatment OR"</p> <p>"The patient has a gender identity disorder (GID) diagnosis and is currently on cross-sex hormone treatment and the following:</p> <p>i. The prescriber has indicated the member is receiving routine monitoring of cross-sex hormone treatment efficacy and safety at least once yearly"</p> <ul style="list-style-type: none"> <li>▪ In Item A 2, B 2, C 2, D 2, E 2, F 3, G 2, and H 2 added "to the requested agent" to read "The patient does NOT have any FDA labeled contraindication(s) to the requested agent"</li> <li>▪ In Items A 4 a, B 3 a, C 3 a, D 3 a, E 3 a, F 4 a, G 3 a, and H 3 a removed "will be receiving only one" and added "is not currently being treated with another", "steroid", and "(in the past 90 days)" to read "The patient is not currently being treated with another androgen or anabolic steroid agent (in the past 90 days)"</li> <li>▪ In Items A 4 b, B 3 b, C 3 b, D 3 b, E 3 b, F 4 b, G 3 b, and H 3 b added "The patient will discontinue the current androgen or anabolic steroid agent before starting the requested agent"</li> <li>▪ In Item B removed "Testone CIK (testosterone cypionate)"</li> <li>▪ In Item B 1 b i added "The patient has" and "diagnoses" to read "The patient has ONE of the following diagnoses"</li> <li>▪ In Item B 1 b i 3, C 1 a, D 1 a i 1, and E 1 a i 2 added "Prior to testosterone replacement therapy, the patient had sign/symptom of hypogonadism"</li> <li>▪ In Item B 1 b added "If the diagnosis is AIDS/HIV wasting or delayed puberty is an adolescent, ONE of the following:"</li> <li>▪ Updated Contraindications chart</li> </ul>
	Rationale section updated
	References updated
05-24-2017	Policy published 05-24-2017. Policy retro-effective to 01-01-2017.
	In Policy section: Correction: In Item A 3 c i added "two" and removed "a" to read "The patient's medication history indicates use of two preferred topical androgen agents"
07-15-2017	Policy published 07-17-2017. Policy retro-effective to 07-15-2017.
	In Policy section: <ul style="list-style-type: none"> <li>▪ In Items A 1 b ii, B 1 b i 3 b, C 1 a ii, D 1 a i 1 b, E 1 a i 2 b, added "For patients not currently receiving testosterone replacement therapy" to read "For patients not currently receiving testosterone replacement therapy, prior to testosterone replacement therapy, the patient had sign/symptom of hypogonadism"</li> <li>▪ In Items A 1 c, B 1 c, C 1 b, D 1 b, H 1 f, added "or gender dysphoria," to read "The patient has a diagnosis of gender identity disorder (GID) or gender dysphoria, is initiating cross-sex hormone treatment AND ALL of the following:"</li> <li>▪ In Items A 1 c i 1 b i, B 1 c i 1 b i, C 1 b i 1 b i, D 1 b i 1 b i, H 1 f i 1 b i, revised "DSM IV-TR" to "DSM V" and added "gender dysphoria," to read "A mental health professional</li> </ul>

<b>REVISIONS</b>	
	(MHP) with training in child and adolescent developmental psychopathology has confirmed the diagnosis through DSM V or ICD-10 criteria for GID, gender dysphoria, or transsexualism" <ul style="list-style-type: none"> <li>▪ In Items A 1 c i 2 a i, B 1 c i 2 a i, C 1 b i 2 a i, D 1 b i 2 a i, H 1 f i 2 a i, revised "DSM IV-TR" to "DSM V" and added "gender dysphoria," BOTH an endocrinologist AND a mental health professional (MHP) has confirmed the diagnosis through DSM V IV-TR or ICD-10 criteria for GID, gender dysphoria, or transsexualism"</li> <li>▪ In Items A 1 d, B 1 d, C 1 c, D 1 c, H 1 g, added "or gender dysphoria," to read "The patient has a gender identity disorder (GID) or gender dysphoria diagnosis and is currently on cross-sex hormone treatment and the following:"</li> </ul>
07-15-2017	Policy published 08-01-2017. Policy retro-effective to 07-15-2017. In Description section: <ul style="list-style-type: none"> <li>▪ Noted generic availability of Axiron</li> <li>▪ Noted stand-alone product (not preferred or non-preferred) of "testosterone gel [generic AndroGel]" and "testosterone solution [Axiron generic]"</li> </ul>
10-01-2017	In Description section: <ul style="list-style-type: none"> <li>▪ Axiron (testosterone solution) was moved from a Preferred Topical Androgen Agent to a Nonpreferred Topical Androgen Agents.</li> </ul> In Policy section: <ul style="list-style-type: none"> <li>▪ In Items A 3 c i and A 3 c ii removed "two" and added "a" to read "...a preferred topical androgen agent"</li> </ul>
11-15-2017	Policy published 12-20-2017. Policy retro-effective to 11-15-2017. In Description section: <ul style="list-style-type: none"> <li>▪ Added to Stand-alone drugs "testosterone gel [generic Testim]".</li> </ul> In Description section Target Drugs, FDA Approved Indications and Dosage, and Policy section Quantity Limit chart: <ul style="list-style-type: none"> <li>▪ Noted generic availability of Testim</li> </ul>
01-01-2018	Description section updated: In Target Agents and FDA Approved Indications and Dosage charts: <ul style="list-style-type: none"> <li>▪ Removed Bio-T-Gel.</li> <li>▪ Removed brand name Danocrine and Dalatestryl and list the product as generic only since brand product is not available.</li> </ul> In Policy section: <ul style="list-style-type: none"> <li>▪ In Item A removed Bio-T-Gel</li> <li>▪ In Item B removed Dalatestryl</li> <li>▪ Removed Bio-T-Gel and Dalatestryl from Quantity Limit and Contraindications charts</li> </ul> Rationale section updated References updated
11-26-2018	Policy published 12-19-2018. Policy effective 11-26-2018 Description section updated to add Xyosted (testosterone enanthate) as an Injectable Androgen Agent and update the FDA Approved Indications and Dosage chart. In Policy section: <ul style="list-style-type: none"> <li>▪ In Item B added "Xyosted (testosterone enanthate)" to read "testosterone enanthate, Depo-Testosterone (testosterone cypionate), Xyosted (testosterone enanthate) will be approved when ALL of the following are met:"</li> <li>▪ Quantity Per Day Limit chart updated to add Zyosted</li> </ul> References updated
12-01-2018	Policy published 12-12-2018. Policy effective 12-01-2018. Summary of Revisions: <ul style="list-style-type: none"> <li>• Changed policy from preferring AndroGel 1.62% brand over other brand products to preferring generic products before brand products</li> </ul>

<b>REVISIONS</b>	
	<ul style="list-style-type: none"> <li>• For clarification in question set, the question asking if there were conditions which could be exacerbated by androgen therapy has been evaluated, has been separated into two questions</li> <li>• Standardized quantity table to and added member friendly quantity limits i.e. actuations/pump bottle</li> <li>• Expanded criteria options for diagnosis of AIDS/HIV Wasting per guidelines</li> <li>• Updated requirements for approving use in gender identity disorder/gender dysphoria/gender incongruence per guideline update</li> </ul>
	Description section updated
	<p>In Policy section:</p> <ul style="list-style-type: none"> <li>▪ In Items A, B, and H removed "Patient has AIDS/HIV-associated wasting syndrome, defined as unexplained involuntary weight loss (&gt;10% baseline body weight) with obvious wasting OR body mass index &lt;18.5 kg/m<sup>2</sup> AND all other causes of weight loss have been ruled out" and added           <ul style="list-style-type: none"> <li>"i. Patient has AIDS/HIV-associated wasting syndrome, confirmed by BOTH of the following:               <ol style="list-style-type: none"> <li>1. ONE of the following:                   <ol style="list-style-type: none"> <li>a. The patient has had weight loss of greater than ONE of the following:                       <ol style="list-style-type: none"> <li>i. 10% within 12 months or from baseline visit OR</li> <li>ii. 7.5% within 6 months OR</li> <li>iii. 5% within 3 months OR</li> </ol> </li> <li>b. The patient has a body cell mass (BCM) loss ≥5% within 6 months OR</li> <li>c. The patient is male and has BCM &lt;35% of total body weight and body mass index (BMI) &lt;27 kg/m<sup>2</sup> OR</li> <li>d. The patient is female and has BCM &lt;23% of total body weight and BMI &lt;27 kg/m<sup>2</sup> OR</li> <li>e. The prescriber has provided documentation that the patient's BCM &lt;35% or &lt;23% and BMI &lt;27 kg/m<sup>2</sup> are medically appropriate for diagnosing AIDS wasting/cachexia for the patient's gender AND</li> </ol> </li> <li>2. ALL other causes of weight loss have been ruled out"                   <ul style="list-style-type: none"> <li>▪ In Items A, B, C, D, and H removed "The patient has a diagnosis of gender identity disorder (GID) or gender dysphoria, is initiating cross-sex hormone treatment AND ALL of the following:                       <ol style="list-style-type: none"> <li>i. ONE of the following:                           <ol style="list-style-type: none"> <li>1. The patient is an adolescent and ALL of the following:                               <ol style="list-style-type: none"> <li>a. The patient is not pre-pubescent AND</li> <li>b. The patient meets ALL of the eligible criteria for cross-sex hormone treatment:                                   <ol style="list-style-type: none"> <li>i. A mental health professional (MHP) with training in child and adolescent developmental psychopathology has confirmed the diagnosis through DSM V or ICD-10 criteria for GID, gender dysphoria, or transsexualism AND</li> <li>ii. Patient has experienced puberty to at least Tanner stage 2 AND</li> <li>iii. Patient has (early) pubertal changes that have resulted in an increase of their gender dysphoria AND</li> <li>iv. Patient does not suffer from psychiatric comorbidity that interferes with the diagnostic work-up or treatment AND</li> <li>v. Patient has adequate psychological and social support during treatment AND</li> <li>vi. Patient demonstrates knowledge and understanding of the expected outcomes of cross-sex hormone treatment as well as medical and social risks and benefits of sex reassignment OR</li> </ol> </li> <li>2. Patient demonstrates knowledge and understanding of the expected outcomes of cross-sex hormone treatment as well as medical                                   <ol style="list-style-type: none"> <li>a. The patient meets ALL of the eligible criteria for cross-sex hormone treatment:</li> </ol> </li> </ol> </li> </ol> </li> </ol> </li> </ul></li></ol> </li> </ul> </li> </ul>

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- i. BOTH an endocrinologist AND a mental health professional (MHP) has confirmed the diagnosis through DSM V or ICD-10 criteria for GID, gender dysphoria, or transsexualism AND
- ii. The patient does not suffer from psychiatric comorbidity that interferes with the diagnostic work-up or treatment AND
- iii. The patient demonstrates knowledge and understanding of the expected outcomes of hormone treatment, as well as the medical and social risks and benefits AND
- iv. The patient has experienced a documented real life experience (RLE) of at least 3 months duration OR has had a period of psychotherapy (duration specified by the MHP after the initial evaluation, usually a minimum of 3 months) AND
- ii. The patient meets ALL of the readiness criteria for cross-sex hormone treatment:
  - 1. The patient has had further consolidation of gender identity during a RLE or psychotherapy AND
  - 2. The patient has had some progress in mastering other identified problems leading to improvement or continuing stable mental health AND
  - 3. The patient is likely to take hormones in a responsible manner AND
- iii. The patient has been counseled regarding the reversible and irreversible effects of cross-sex hormone treatment AND
- iv. The patient has been informed and counseled regarding options for fertility after treatment initiation AND
- v. The patient has had medical conditions that can be exacerbated by hormone depletion and cross-sex hormone treatment evaluated and addressed AND
- vi. The patient has the capacity to make a fully informed decision and to consent to treatment OR
- d. The patient has a gender identity disorder (GID) or gender dysphoria diagnosis and is currently on cross-sex hormone treatment and the following:
  - i. The prescriber has indicated the member is receiving routine monitoring of cross-sex hormone treatment efficacy and safety at least once yearly" and added "The patient has a diagnosis of gender identity disorder (GID), gender dysphoria, or gender incongruence AND ONE of the following:
    - i. The patient is an adolescent and ONE of the following:
      - 1. The patient is initiating sex hormone treatment AND ALL of the following:
        - a. A persistent diagnosis was confirmed by a mental health professional who is trained in child and adolescent developmental psychopathology AND
        - b. The patient's indication for sex hormone treatment has been confirmed by an endocrinologist OR clinician experienced in pubertal sex hormone induction AND
        - c. The patient does not have any medical contraindications to sex hormone treatment as confirmed by an endocrinologist OR clinician experienced in pubertal sex hormone induction AND
        - d. The patient has been informed and counseled regarding effects and side effects of sex hormone treatment including those which are irreversible, and regarding loss of fertility and options to preserve fertility AND
        - e. ONE of the following:
          - i. The patient is 16 years of age or greater OR
          - ii. The prescriber has provided documentation in support of initiating therapy prior to 16 years of age AND
        - f. The patient has sufficient mental capacity to give consent AND
        - g. The patient has provided consent AND, as applicable, the parents or other caretakers or guardians have provided consent to therapy AND
        - h. The patient's coexisting psychological, medical, or social problems that could interfere with treatment have been addressed and the patient's functioning is stable enough to start sex hormone therapy OR

<b>REVISIONS</b>	
	<p>2. The patient is continuing therapy with sex hormone treatment AND the patient is being monitored at least once per year OR</p> <p>ii. The patient is an adult AND ONE of the following:</p> <p>1. The patient is initiating sex hormone treatment AND ALL of the following:</p> <p>a. A persistent diagnosis has been confirmed by a mental health professional AND</p> <p>b. The patient has sufficient mental capacity to give consent AND</p> <p>c. The patient's coexisting mental health concerns, if present, are reasonably well controlled AND</p> <p>d. The patient's medical conditions that can be exacerbated by treatment with sex hormones have been evaluated and addressed OR</p> <p>2. The patient is currently on sex hormone treatment and BOTH of the following:</p> <p>a. ONE of the following:</p> <p>i. The patient's current testosterone level is ONE of the following:</p> <p>1. Total serum testosterone level that is within OR below the testing laboratory's lower limit of the normal range OR is less than 300 ng/dL OR</p> <p>2. Free serum testosterone level is within OR below the testing laboratory's normal range OR</p> <p>ii. The prescriber has provided documentation in support of continuing therapy with the patient's current testosterone level AND</p> <p>b. The patient is being monitored at least once per year"</p> <p>▪ Updated Quantity Limits table</p>
	Rationale section updated
	References updated
12-10-2018	Policy published 01-01-2019. Policy retro-effective to 12-10-2018.
	Description section updated to note generic availability of Fortesta as a target agent
	In Policy section: Quantity Limits chart updated to note generic availability of Fortesta

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## **ADDITIONAL INFORMATION**

### HIV Wasting Syndrome

HIV/AIDS wasting was historically common, particularly in later stages of the disease. The incidence of wasting has declined since the introduction of anti-retroviral therapy (ART). Tissue wasting responds rapidly to ART, and the primary therapy for HIV wasting is ART.<sup>1</sup> The diagnosis of HIV wasting requires one of the following:<sup>4,5</sup>

- Weight loss of greater than:
  - 10% within 12 months or from baseline visit
  - 7.5% within 6 months
  - 5% within 3 months
- At least 5% total body cell mass (BCM) loss within 6 months
- Body mass index (BMI) <20 kg/m<sup>2</sup>
- In men: BCM <35% of total body weight and BMI <27 kg/m<sup>2</sup>
- In women: BCM <23% of total body weight and BMI <27 kg/m<sup>2</sup>

### Normal Testosterone Values

The Endocrine Society states "The normative ranges for total and free testosterone levels in healthy young men vary among laboratories and assays. In some laboratories, the lower limit of the normal range for total testosterone level in healthy young men is 280–300 ng/dl (9.8–10.4 nmol/liter). Similarly, in some reference laboratories, the lower limit of the normal range for serum free testosterone level, measured by the equilibrium dialysis method, is 5–9 pg/ml (0.17–0.31 nmol/liter). The clinicians should use the lower limit of normal range for healthy young men established in their laboratory."<sup>2</sup>

### Normal Calcium Values

Normal calcium blood values range from 8.5 to 10.2 mg/dL; may vary slightly among different laboratories.<sup>3</sup>



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