



Drug Name: Testosterone Transdermal gel (formulary)

Date: 12-2017

Revised Date: 7/2018

Drug Name: Testosterone Transdermal gel (formulary)	
Required Medical Information:	<ul style="list-style-type: none">● Patient has a confirmed diagnosis of primary hypogonadism (congenital or acquired) or hypogonadotropic hypogonadism (congenital or acquired) with at least one of the following:<ul style="list-style-type: none">○ At least 2 morning serum total testosterone levels <300ng/dL or levels within normal laboratory reference ranges in the presence of symptoms of hypogonadism; or○ At least 2 low free testosterone concentration levels in the presence of symptoms of hypogonadism; or○ At least 2 low free testosterone concentrations, calculated from total testosterone, sex-hormone binding globulin (SHBG) and albumin concentrations in the presence of symptoms of hypogonadism; or○ At least 2 low bioavailable testosterone levels in the presence of symptoms of hypogonadism; and● Patient has failed a recent trial (within 90 days) of an appropriate dose and adequate duration of testosterone cypionate and/or testosterone enanthate.
Coverage duration:	12 months