

Androgens Anabolic Steroids Prior Authorization with Quantity Limit Program Summary

POLICY REVIEW CYCLE

Effective Date
03-15-2026

Date of Origin

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Testosterone cypionate		100 MG/ML ; 200 MG/ML	M ; N ; O	N ; Y		
Azmiro		200 MG/ML	M ; N ; O	N		
	methyltestosterone cap	10 MG	M ; N ; O ; Y	Y		
Methitest	methyltestosterone oral tab	10 MG	M ; N ; O ; Y	N		
Testosterone enanthate ; Xyosted	testosterone enanthate im inj in oil ; testosterone enanthate solution auto-injector	100 MG/0.5ML ; 200 MG/ML ; 50 MG/0.5ML ; 75 MG/0.5ML	M ; N ; O ; Y	N		
Testopel ; Testosterone	testosterone implant pellets	100 MG ; 200 MG ; 25 MG ; 37.5 MG ; 50 MG ; 75 MG ; 87.5 MG	M ; N ; O ; Y	N		
Androgel pump ; Fortesta ; Natesto ; Testim ; Testosterone ; Testosterone pump ; Vogelxo ; Vogelxo pump	testosterone nasal gel ; testosterone td gel	1 % ; 1.62 % ; 10 MG/ACT ; 20.25 MG/1.25GM ; 25 MG/2.5GM ; 40.5 MG/2.5GM ; 5.5 MG/ACT ; 50 MG/5GM	M ; N ; O ; Y	M ; N ; O ; Y		
	testosterone td soln	30 MG/ACT	M ; N ; O ; Y	Y		
Jatenzo ; Kyzatrex ; Tlando ; Udecatrex	testosterone undecanoate cap	100 MG ; 112.5 MG ; 150 MG ; 158 MG ; 198 MG ; 200 MG ; 237 MG	M ; N ; O ; Y	M ; N		
Aveed	Testosterone Undecanoate IM Inj in Oil 750 MG/3ML (250MG/ML)	750 MG/3ML	M ; N ; O ; Y	N		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Methyltestosterone Cap 10 MG	10 MG	600	Capsules	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Testosterone Cypionate IM Inj in Oil 100 MG/ML	100 MG/ML	1	Vial	28	DAYS			
	Testosterone Cypionate IM Inj in Oil 200 MG/ML	200 MG/ML	10	mLs	28	DAYS			
	Testosterone TD Gel 25 MG/2.5GM (1%)	25 MG/2.5 GM	60	Packets	30	DAYS	150 grams = 60 packets		
	Testosterone TD Gel 40.5 MG/2.5GM (1.62%)	40.5 MG/2.5 GM	60	Packets	30	DAYS	150 grams = 60 packets		
	Testosterone TD Soln 30 MG/ACT	30 MG/ACT	2	Bottles	30	DAYS	4 actuations/day		
AndroGel pump	Testosterone TD Gel 20.25 MG/ACT (1.62%)	1.62 %	2	Bottles	30	DAYS	4 actuations/day		
Aveed	Testosterone Undecanoate IM Inj in Oil 750 MG/3ML (250MG/ML)	750 MG/3ML	1	Vial	28	DAYS	3 mL - 1 vial		
Azmiro	testosterone cypionate im soln pref syringe in oil	200 MG/ML	4	Syringes	28	DAYS			
Fortesta ; Testosterone	Testosterone TD Gel 10MG/ACT (2%)	10 MG/ACT	2	Bottles	30	DAYS	8 actuations/day		
Jatenzo	Testosterone Undecanoate Cap 158 MG	158 MG	120	Capsules	30	DAYS			
Jatenzo	Testosterone Undecanoate Cap 198 MG	198 MG	120	Capsules	30	DAYS			
Jatenzo	Testosterone Undecanoate Cap 237 MG	237 MG	60	Capsules	30	DAYS			
Kyzatrex	Testosterone Undecanoate Cap	100 MG	60	Capsules	30	DAYS			
Kyzatrex	Testosterone Undecanoate Cap	150 MG	120	Capsules	30	DAYS			
Kyzatrex ; Undecatrex	Testosterone Undecanoate Cap	200 MG	120	Capsules	30	DAYS			
Methitest	Methyltestosterone Oral Tab 10 MG	10 MG	600	Tablets	30	DAYS			
Natesto	Testosterone Nasal Gel 5.5 MG/ACT	5.5 MG/ACT	3	Pump Bottles	30	DAYS	6 actuations/day		
Testim ; Testosterone ; Vogelxo	Testosterone TD Gel 50 MG/5GM (1%)	1 % ; 50 MG/5GM	60	Tubes	30	DAYS	300 grams = 60 packets		
Testopel	Testosterone Implant Pellets 75 MG	75 MG	6	Pellets	90	DAYS			
Testosterone	Testosterone TD Gel 20.25 MG/1.25GM (1.62%)	20.25 MG/1.25 GM	30	Packets	30	DAYS	37.5 grams = 30 packets		
Testosterone cypionate	Testosterone Cyp IM or Subcutaneous Inj in Oil 200 MG/ML	200 MG/ML	30	mLs	84	DAYS			
Testosterone enanthate	Testosterone Enanthate IM Inj in Oil 200 MG/ML	200 MG/ML	5	mLs	28	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Testosterone pump ; Vogelxo pump	Testosterone TD Gel 12.5 MG/ACT (1%)	1 %	4	Bottles	30	DAYS	8 actuations/day		
Tlando	Testosterone Undecanoate Cap	112.5 MG	120	Capsules	30	DAYS			
Xyosted	testosterone enanthate solution auto-injector	100 MG/0.5 ML ; 50 MG/0.5 ML ; 75 MG/0.5 ML	4	Pens	28	DAYS			

ADDITIONAL QUANTITY LIMIT INFORMATION

Wildcard	Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Additional QL Information	Targeted NDCs When Exclusions Exist	Effective Date	Term Date
23100030004025		Testosterone TD Gel 25 MG/2.5GM (1%)	25 MG/2.5 GM	150 grams = 60 packets			
23100030004047		Testosterone TD Gel 40.5 MG/2.5GM (1.62%)	40.5 MG/2.5 GM	150 grams = 60 packets			
23100030002020		Testosterone TD Soln 30 MG/ACT	30 MG/ACT	4 actuations/day			
23100030004050	AndroGel pump	Testosterone TD Gel 20.25 MG/ACT (1.62%)	1.62 %	4 actuations/day			
23100030802030	Aveed	Testosterone Undecanoate IM Inj in Oil 750 MG/3ML (250MG/ML)	750 MG/3ML	3 mL - 1 vial			
23100030004070	Fortesta ; Testosterone	Testosterone TD Gel 10MG/ACT (2%)	10 MG/ACT	8 actuations/day			
23100030004080	Natesto	Testosterone Nasal Gel 5.5 MG/ACT	5.5 MG/ACT	6 actuations/day			
23100030004030	Testim ; Testosterone ; Vogelxo	Testosterone TD Gel 50 MG/5GM (1%)	1 % ; 50 MG/5GM	300 grams = 60 packets			
23100030004044	Testosterone	Testosterone TD Gel 20.25 MG/1.25GM (1.62%)	20.25 MG/1.25 GM	37.5 grams = 30 packets			
23100030004040	Testosterone pump ; Vogelxo pump	Testosterone TD Gel 12.5 MG/ACT (1%)	1 %	8 actuations/day			

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	methyltestosterone cap	10 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
	testosterone td soln	30 MG/ACT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Androgel pump ; Fortesta ; Natesto ; Testim ; Testosterone ; Testosterone pump ; Vogelxo ; Vogelxo pump	testosterone nasal gel ; testosterone td gel	1 % ; 1.62 % ; 10 MG/ACT ; 20.25 MG/1.25GM ; 25 MG/2.5GM ; 40.5 MG/2.5GM ; 5.5 MG/ACT ; 50 MG/5GM	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Aveed	Testosterone Undecanoate IM Inj in Oil 750 MG/3ML (250MG/ML)	750 MG/3ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Azmiro		200 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Jatenzo ; Kyzatrex ; Tlando ; Undecatrex	testosterone undecanoate cap	100 MG ; 112.5 MG ; 150 MG ; 158 MG ; 198 MG ; 200 MG ; 237 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Methitest	methyltestosterone oral tab	10 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Testopel ; Testosterone	testosterone implant pellets	100 MG ; 200 MG ; 25 MG ; 37.5 MG ; 50 MG ; 75 MG ; 87.5 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Testosterone cypionate		100 MG/ML ; 200 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Testosterone enanthate ; Xyosted	testosterone enanthate im inj in oil ; testosterone enanthate solution auto-injector	100 MG/0.5ML ; 200 MG/ML ; 50 MG/0.5ML ; 75 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Methyltestosterone Cap 10 MG	10 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
	Testosterone Cypionate IM Inj in Oil 100 MG/ML	100 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
	Testosterone Cypionate IM Inj in Oil 200 MG/ML	200 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
	Testosterone TD Gel 25 MG/2.5GM (1%)	25 MG/2.5GM	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
	Testosterone TD Gel 40.5 MG/2.5GM (1.62%)	40.5 MG/2.5GM	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
	Testosterone TD Soln 30 MG/ACT	30 MG/ACT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Androgel pump	Testosterone TD Gel 20.25 MG/ACT (1.62%)	1.62 %	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Aveed	Testosterone Undecanoate IM Inj in Oil 750 MG/3ML (250MG/ML)	750 MG/3ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Azmiro	testosterone cypionate im soln pref syringe in oil	200 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Fortesta ; Testosterone	Testosterone TD Gel 10MG/ACT (2%)	10 MG/ACT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Jatenzo	Testosterone Undecanoate Cap 158 MG	158 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Jatenzo	Testosterone Undecanoate Cap 198 MG	198 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Jatenzo	Testosterone Undecanoate Cap 237 MG	237 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Kyzatrex	Testosterone Undecanoate Cap	100 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Kyzatrex	Testosterone Undecanoate Cap	150 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			2026 ; Topaz ; Whole Foods
Kyzatrex ; Undecatrex	Testosterone Undecanoate Cap	200 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Methitest	Methyltestosterone Oral Tab 10 MG	10 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Natesto	Testosterone Nasal Gel 5.5 MG/ACT	5.5 MG/ACT	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Testim ; Testosterone ; Vogelxo	Testosterone TD Gel 50 MG/5GM (1%)	1 % ; 50 MG/5GM	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Testopel	Testosterone Implant Pellets 75 MG	75 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Testosterone	Testosterone TD Gel 20.25 MG/1.25GM (1.62%)	20.25 MG/1.25GM	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Testosterone cypionate	Testosterone Cyp IM or Subcutaneous Inj in Oil 200 MG/ML	200 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Testosterone enanthate	Testosterone Enanthate IM Inj in Oil 200 MG/ML	200 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Testosterone pump ; Vogelxo pump	Testosterone TD Gel 12.5 MG/ACT (1%)	1 %	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Tlando	Testosterone Undecanoate Cap	112.5 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Xyosted	testosterone enanthate solution auto-injector	100 MG/0.5ML ; 50 MG/0.5ML ; 75 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

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Prior Authorization with Quantity Limit - Through Generic	<p>Initial Evaluation</p> <p>Target Agent(s) will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. BOTH of the following: <ol style="list-style-type: none"> 1. The requested indication is gender de-transition AND 2. The request is for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member OR 2. ALL of the following: <ol style="list-style-type: none"> A. The requested indication is gender dysphoria/gender incongruence AND B. The request is for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member AND C. ONE of the following: <ol style="list-style-type: none"> 1. The patient is an adolescent (i.e., 17 years of age or younger) and ONE of the following: <ol style="list-style-type: none"> A. The patient is initiating sex hormone treatment AND The patient will NOT be receiving treatment in Alabama, Florida, Idaho, Indiana, Iowa, Kentucky, Louisiana, Mississippi, North Carolina, North Dakota, Oklahoma, Puerto Rico, South Carolina, South Dakota, or Tennessee OR

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	<p>B. The patient is continuing therapy with sex hormone treatment AND ALL of the following:</p> <ol style="list-style-type: none"> 1. The patient is NOT continuing treatment in Alabama, Idaho, Indiana, Iowa, Louisiana, Mississippi, Oklahoma, Puerto Rico, South Carolina, South Dakota, or Tennessee AND 2. If the patient is continuing treatment in Florida, then treatment must have began prior to 05/17/23 with parental consent AND 3. If the patient is continuing treatment in Kentucky, then the provider must have documented BOTH of the following: <ol style="list-style-type: none"> A. Immediately terminating the minor's use of the treatment would cause harm to the patient AND B. The provider has instituted a period of time where treatment is systematically reduced AND 4. If the patient is continuing treatment in North Carolina, then treatment must have began prior to 08/01/2023 AND 5. If the patient is continuing treatment in North Dakota, then treatment must have began prior to 04/21/2023 OR <p>2. The patient is an adult (i.e., 18 years of age or older) AND ALL of the following:</p> <ol style="list-style-type: none"> A. If the patient is receiving sex hormone treatment in Florida, then BOTH of the following: <ol style="list-style-type: none"> 1. The patient has provided written informed consent AND 2. Their written informed consent was provided from an in-person visit with a physician AND B. If the patient is receiving sex hormone treatment in Alabama, then the patient is 19 years of age or older AND C. If the patient is receiving sex hormone treatment in Puerto Rico, then the patient is 21 years of age or older OR <p>3. ALL of the following:</p> <ol style="list-style-type: none"> A. ONE of the following: <ol style="list-style-type: none"> 1. The requested indication is gender de-transition AND the patient's plan covers Gender Identity Disorder OR 2. If the request is for Androgel, Aveed, Fortesta, Jatenzo, Kyzatrex, Natesto, Testim, Testosterone gel, testosterone topical solution, Tlando, Undecatrex, Vogelxo, or Xyosted, the patient has a diagnosis of ONE of the following: <ol style="list-style-type: none"> A. Primary or secondary (hypogonadotropic) hypogonadism OR B. Gender dysphoria/gender incongruence AND the patient's plan covers Gender Identity Disorder OR 3. If the request is for Azmiro, Testopel, or testosterone cypionate intramuscular injection solution (Depo-Testosterone), the patient has a diagnosis of ONE of the following: <ol style="list-style-type: none"> A. Primary or secondary (hypogonadotropic) hypogonadism OR B. Delayed puberty in an adolescent OR C. Gender dysphoria/gender incongruence AND the patient's plan covers Gender Identity Disorder OR

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	<p>4. If the request is for Testosterone Enanthate intramuscular injection solution, the patient has a diagnosis of ONE of the following:</p> <ul style="list-style-type: none"> A. Primary or secondary (hypogonadotropic) hypogonadism OR B. Delayed puberty in an adolescent OR C. Breast cancer OR D. Gender dysphoria/gender incongruence AND the patient's plan covers Gender Identity Disorder OR <p>5. If the request is for methyltestosterone or Methitest, the patient has a diagnosis of ONE of the following:</p> <ul style="list-style-type: none"> A. Primary or secondary (hypogonadotropic) hypogonadism OR B. Breast cancer OR C. Delayed puberty in an adolescent AND <p>2. ONE of the following:</p> <ul style="list-style-type: none"> 1. If the request is for primary or secondary hypogonadism, then ONE of the following: <ul style="list-style-type: none"> A. The patient is NOT currently receiving testosterone replacement therapy AND meets BOTH of the following: <ul style="list-style-type: none"> 1. The patient has a sign or symptom of hypogonadism AND 2. The patient has TWO pretreatment or current serum testosterone levels (free or total) measured in the morning (between 7am and 11am) on two separate days that are below the testing laboratory's normal range [lab results are required] OR B. The patient is currently receiving testosterone replacement therapy AND the patient's current total serum testosterone level or free serum testosterone level is below or within the testing laboratory's normal range [lab results are required] OR 2. If the request is for gender dysphoria/gender incongruence, then ONE of the following: <ul style="list-style-type: none"> A. The patient is an adolescent (i.e., 17 years of age or younger) and ONE of the following: <ul style="list-style-type: none"> 1. The patient is initiating sex hormone treatment AND ALL of the following: <ul style="list-style-type: none"> A. A comprehensive biopsychosocial assessment has been conducted by a qualified physician AND the prescriber has consulted with other medical professionals (e.g., mental health professional, endocrinologist) when required AND B. The parents or other caretakers or guardians were involved in the assessment process, unless their involvement has been determined to be harmful to the adolescent or not feasible AND C. A persistent diagnosis of gender dysphoria/gender incongruence has been marked and sustained over time AND D. ONE of the following: <ul style="list-style-type: none"> 1. The patient is 16 years of age or older OR 2. There is support for initiating therapy prior to 16 years of age AND E. The patient has been informed and counseled regarding effects and side effects of sex hormone treatment, including those which are irreversible, and the potential loss of fertility and options available to preserve fertility AND F. The patient has sufficient emotional and cognitive maturity required to provide informed consent/assent for treatment AND

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	<ul style="list-style-type: none"> G. The patient has provided informed consent/assent for treatment AND, as applicable, the parents or other caretakers or guardians have provided consent to therapy AND H. The patient's coexisting mental health concerns, physical conditions, or social problems that may interfere with diagnosing and/or sex hormone treatment have been addressed to provide optimal treatment AND I. The patient is NOT a BCBS TX ASO municipalities/counties/schools member receiving treatment in Texas AND J. The patient will NOT be receiving treatment in Alabama, Florida, Idaho, Indiana, Iowa, Kentucky, Louisiana, Mississippi, North Carolina, North Dakota, Oklahoma, Puerto Rico, South Carolina, South Dakota, or Tennessee OR <p>2. The patient is continuing therapy with sex hormone treatment AND ALL of the following:</p> <ul style="list-style-type: none"> A. The patient is being monitored at least once per year AND B. The patient is NOT continuing treatment in Alabama, Idaho, Indiana, Iowa, Louisiana, Mississippi, Oklahoma, Puerto Rico, South Carolina, South Dakota, Tennessee AND C. If the patient is continuing treatment in Florida, then treatment must have begun prior to 05/17/23 with parental consent AND D. If the patient is continuing treatment in Kentucky, then the provider must have documented BOTH of the following: <ul style="list-style-type: none"> 1. Immediately terminating the minor's use of the treatment would cause harm to the patient AND 2. The provider has instituted a period of time where treatment is systematically reduced AND E. If the patient is continuing treatment in North Carolina, then treatment must have begun prior to 08/01/2023 AND F. If the patient is continuing treatment in North Dakota, then treatment must have begun prior to 04/21/2023 AND G. If the patient is a BCBS TX ASO municipalities/counties/schools member continuing treatment in Texas, then BOTH of the following: <ul style="list-style-type: none"> 1. The provider documents that treatment was initiated prior to 6/1/23 AND 2. The provider has instituted a period of time where treatment is systematically reduced OR <p>B. The patient is an adult (i.e., 18 years of age or older) AND ALL of the following:</p>

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	<ol style="list-style-type: none"> 1. If the patient is receiving treatment in Alabama, then the patient is 19 years of age or older AND 2. If the patient is receiving treatment in Puerto Rico, then the patient is 21 years of age or older AND 3. ONE of the following: <ol style="list-style-type: none"> A. The patient is initiating sex hormone treatment AND ALL of the following: <ol style="list-style-type: none"> 1. A persistent diagnosis of gender dysphoria/gender incongruence has been marked and sustained over time AND 2. Other possible causes of apparent gender incongruence have been identified and excluded prior to initiation of treatment AND 3. The patient has been informed and counseled regarding effects and side effects of sex hormone treatment, including those which are irreversible, and the potential loss of fertility and options available to preserve fertility AND 4. The patient has sufficient emotional and cognitive maturity required to provide informed consent for treatment AND 5. The patient has provided informed consent for treatment AND 6. The patient's coexisting mental health and/or physical conditions that could have a negative impact on sex hormone treatment have been addressed, with risks and benefits discussed, to provide optimal treatment AND 7. If the patient is receiving sex hormone treatment in Florida, then BOTH of the following: <ol style="list-style-type: none"> A. The patient has provided written informed consent AND B. Their written informed consent was provided from an in-person visit with a physician OR B. The patient is currently on sex hormone treatment and ALL of the following: <ol style="list-style-type: none"> 1. ONE of the following: <ol style="list-style-type: none"> A. The patient's current testosterone level is ONE of the following: <ol style="list-style-type: none"> 1. Total serum testosterone level that is within OR below the testing laboratory's normal range for the patient's gender identity OR is less than 300 ng/dL OR 2. Free serum testosterone level that is within OR below the testing laboratory's normal range for the patient's gender identity OR

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	<p style="text-align: right;">B. There is support for continuing therapy with the patient’s current testosterone level AND</p> <p>2. The patient is being monitored at least once per year AND</p> <p>3. If the patient will be continuing treatment in Florida, then BOTH of the following:</p> <p style="padding-left: 20px;">A. The patient has provided written informed consent AND</p> <p style="padding-left: 20px;">B. Their written informed consent was provided from an in-person visit with a physician OR</p> <p>3. If the request is for delayed puberty in an adolescent, then ONE of the following:</p> <p style="padding-left: 20px;">A. The patient’s sex is male OR</p> <p style="padding-left: 20px;">B. There is support that the requested agent is medically appropriate for the patient’s sex OR</p> <p>4. If the request is for breast cancer, then ONE of the following:</p> <p style="padding-left: 20px;">A. BOTH of the following:</p> <p style="padding-left: 40px;">1. The patient is 1 to 5 years postmenopausal AND</p> <p style="padding-left: 40px;">2. The patient has inoperable metastatic breast cancer OR</p> <p style="padding-left: 20px;">B. ALL of the following:</p> <p style="padding-left: 40px;">1. The patient is premenopausal AND</p> <p style="padding-left: 40px;">2. The patient has benefitted from oophorectomy AND</p> <p style="padding-left: 40px;">3. The patient has a hormone-responsive tumor OR</p> <p>5. The requested indication is gender de-transition AND</p> <p>3. The patient does NOT have any FDA labeled contraindications to the requested agent AND</p> <p>4. ONE of the following:</p> <p style="padding-left: 20px;">1. The patient will not use the requested agent in combination with an aromatase inhibitor (e.g. anastrozole, letrozole, exemestane, Femara, Kisqali), an antiestrogen (e.g., tamoxifen, toremifene), OR a selective estrogen receptor modulator (SERM, e.g., clomiphene, raloxifene, Osphena) OR</p> <p style="padding-left: 20px;">2. BOTH of the following:</p> <p style="padding-left: 40px;">A. The patient will be using the requested agent in combination with an aromatase inhibitor, an antiestrogen, OR a SERM AND</p> <p style="padding-left: 40px;">B. The patient will NOT be using this combination for appearance enhancement or performance enhancement (e.g. bodybuilding) AND</p> <p>5. If the request is for one of the following brand agents, then ONE of the following:</p> <table border="1" data-bbox="376 1440 1273 1950" style="margin-left: 20px;"> <thead> <tr> <th style="text-align: center;">Brand</th> </tr> </thead> <tbody> <tr><td>Androgel, Testosterone gel</td></tr> <tr><td>Aveed</td></tr> <tr><td>Azmiro</td></tr> <tr><td>Fortesta, Testosterone gel</td></tr> <tr><td>Jatenzo</td></tr> <tr><td>Kyzatrex</td></tr> <tr><td>Methitest</td></tr> </tbody> </table>	Brand	Androgel, Testosterone gel	Aveed	Azmiro	Fortesta, Testosterone gel	Jatenzo	Kyzatrex	Methitest
Brand									
Androgel, Testosterone gel									
Aveed									
Azmiro									
Fortesta, Testosterone gel									
Jatenzo									
Kyzatrex									
Methitest									

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	<div data-bbox="376 184 1273 617" style="border: 1px solid black; padding: 5px; margin-bottom: 20px;"> <p>Natesto</p> <p>Testim</p> <p>Testopel</p> <p>Tlando</p> <p>Undecatrex</p> <p>Vogelxo, Testosterone gel</p> <p>Xyosted</p> </div> <ol style="list-style-type: none"> 1. The request is for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member OR 2. BOTH of the following: <ol style="list-style-type: none"> A. ONE of the following: <ol style="list-style-type: none"> 1. The patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat the cancer OR 2. The patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat an associated condition related to stage four advanced metastatic cancer [chart notes are required] AND B. The use of the requested agent is consistent with best practices for the treatment of stage four advanced, metastatic cancer, or an associated condition; supported by peer-reviewed, evidence-based literature; and approved by the United States Food and Drug Administration OR 3. The patient is currently being treated with the requested agent and the patient is currently stable on the requested agent [chart notes are required] OR 4. The patient has tried and had an inadequate response to ONE generic androgen or anabolic steroid that is FDA labeled or supported in compendia (AHFS, DrugDex 1, 2a, or 2b level of evidence, or NCCN 1, 2a, or 2b recommended use) for the requested indication [chart notes are required] OR 5. ONE generic androgen or anabolic steroid that is FDA labeled or supported in compendia (AHFS, DrugDex 1, 2a, or 2b level of evidence, or NCCN 1, 2a, or 2b recommended use) for the requested indication was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] OR 6. The patient has an intolerance or hypersensitivity to ONE generic androgen or anabolic steroid that is FDA labeled or supported in compendia (AHFS, DrugDex 1, 2a, or 2b level of evidence, or NCCN 1, 2a, or 2b recommended use) for the requested indication that is not expected to occur with the requested brand agent [chart notes are required] OR 7. The patient has an FDA labeled contraindication to ALL generic androgen or anabolic steroid agents that are FDA labeled or supported in compendia (AHFS, DrugDex 1, 2a, or 2b level of evidence, or NCCN 1, 2a, or 2b recommended use) that is not expected to occur with the requested brand agent [chart notes are required] OR

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	<p>8. ONE generic androgen or anabolic steroid that is FDA labeled or supported in compendia (AHFS, DrugDex 1, 2a, or 2b level of evidence, or NCCN 1, 2a, or 2b recommended use) for the requested indication is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; OR cause a significant barrier to the patient’s adherence of care; OR worsen a comorbid condition; OR decrease the patient’s ability to achieve or maintain reasonable functional ability in performing daily activities; OR cause an adverse reaction or cause physical or mental harm [chart notes are required] OR</p> <p>9. ONE generic androgen or anabolic steroid that is FDA labeled or supported in compendia (AHFS, DrugDex 1, 2a, or 2b level of evidence, or NCCN 1, 2a, or 2b recommended use) for the requested indication is not in the best interest of the patient based on medical necessity [chart notes are required] OR</p> <p>10. The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of action as ONE generic androgen or anabolic steroid that is FDA labeled or supported in compendia (AHFS, DrugDex 1, 2a, or 2b level of evidence, or NCCN 1, 2a, or 2b recommended use) for the requested indication and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] AND</p> <p>6. ONE of the following:</p> <ol style="list-style-type: none"> 1. The patient will NOT be using the requested agent in combination with another androgen or anabolic steroid agent for the requested indication OR 2. There is support for therapy with more than one androgen or anabolic steroid agent <p>Length of Approval:</p> <p>BCBSIL and BCBSMT: 12 months</p> <p>ALL other plans: 6 months (delayed puberty only), 12 months (all other indications)</p> <p>GID requests for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member on HSA plan: \$0 cost share after deductible</p> <p>GID requests for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member on non-HSA plan: flat \$0 cost share</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p> <p>The requested agent will also be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. The request is for a BCBS NM Fully Insured or NM HIM member and ALL of the following: <ol style="list-style-type: none"> A. The patient does NOT have any FDA labeled contraindications to the requested agent AND B. The requested indication is a rare disease AND C. ONE of the following: <ol style="list-style-type: none"> 1. The patient has another FDA labeled indication for the requested agent and route of administration OR 2. The patient has another indication that is supported in compendia for the requested agent and route of administration OR 2. ALL of the following:

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	<p>A. The member resides in Ohio AND</p> <p>B. The plan is Fully Insured or HIM Shop (SG) AND</p> <p>C. The patient does NOT have any FDA labeled contraindications to the requested agent AND</p> <p>D. ONE of the following:</p> <ol style="list-style-type: none"> 1. The patient has another FDA labeled indication for the requested agent and route of administration OR 2. The patient has another indication that is supported in compendia for the requested agent and route of administration OR 3. The prescriber has submitted TWO articles from major peer-reviewed professional medical journals [e.g., Journal of American Medical Association (JAMA), New England Journal of Medicine (NEJM), Lancet] supporting the proposed use(s) as generally safe and effective. Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required] <p>Non-oncology compendia allowed: DrugDex level 1, 2A or 2B, AHFS-DI (narrative text must be supportive)</p> <p>Oncology compendia allowed: NCCN 1 or 2A, AHFS-DI (narrative text must be supportive), DrugDex level 1, 2A, or 2B, or Clinical Pharmacology (narrative text must be supportive), Lexi-Drugs evidence level A, peer-reviewed medical literature</p> <p>Length of Approval: 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p> <p>Renewal Evaluation</p> <p>Target Agent(s) will be approved when BOTH of the following are met:</p> <ol style="list-style-type: none"> 1. The patient has been previously approved for the requested agent through the plan's Prior Authorization process (Note: patients not previously approved for the requested agent will require initial evaluation review) AND 2. ONE of the following: <ol style="list-style-type: none"> A. BOTH of the following: <ol style="list-style-type: none"> 1. The requested indication is gender de-transition AND 2. The request is for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member OR B. ALL of the following: <ol style="list-style-type: none"> 1. The requested indication is gender dysphoria/gender incongruence AND 2. The request is for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member AND 3. ONE of the following: <ol style="list-style-type: none"> A. The patient is an adolescent (i.e., 17 years of age or younger) and ONE of the following: <ol style="list-style-type: none"> 1. The patient is initiating sex hormone treatment AND The patient will NOT be receiving treatment in Alabama, Florida, Idaho, Indiana, Iowa, Kentucky, Louisiana, Mississippi, North Carolina, North Dakota, Oklahoma, Puerto Rico, South Carolina, South Dakota, or Tennessee OR 2. The patient is continuing therapy with sex hormone treatment AND ALL of the following:

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	<ul style="list-style-type: none"> A. The patient is NOT continuing treatment in Alabama, Idaho, Indiana, Iowa, Louisiana, Mississippi, Oklahoma, Puerto Rico, South Carolina, South Dakota, or Tennessee AND B. If the patient is continuing treatment in Florida, then treatment must have began prior to 05/17/23 with parental consent AND C. If the patient is continuing treatment in Kentucky, then the provider must have documented BOTH of the following: <ul style="list-style-type: none"> 1. Immediately terminating the minor's use of the treatment would cause harm to the patient AND 2. The provider has instituted a period of time where treatment is systematically reduced AND D. If the patient is continuing treatment in North Carolina, then treatment must have began prior to 08/01/2023 AND E. If the patient is continuing treatment in North Dakota, then treatment must have began prior to 04/21/2023 OR <p>B. The patient is an adult (i.e., 18 years of age or older) AND ALL of the following:</p> <ul style="list-style-type: none"> 1. If the patient will be receiving treatment in Florida, then BOTH of the following: <ul style="list-style-type: none"> A. The patient has provided written informed consent AND B. Their written informed consent was provided from an in-person visit with a physician AND 2. If the patient will be receiving treatment in Alabama, then the patient is 19 years of age or older AND 3. If the patient will be receiving treatment in Puerto Rico, then the patient is 21 years of age or older OR <p>C. ALL of the following:</p> <ul style="list-style-type: none"> 1. The patient has had clinical benefit with the requested agent AND 2. ONE of the following: <ul style="list-style-type: none"> A. The patient has a diagnosis of primary or secondary hypogonadism and the patient's current testosterone level is ONE of the following: <ul style="list-style-type: none"> 1. Total serum testosterone level that is within OR below the testing laboratory's normal range OR is less than 300 ng/dL OR 2. Free serum testosterone level that is within OR below the testing laboratory's normal range OR B. The patient has a diagnosis of gender dysphoria/gender incongruence AND the patient's plan covers Gender Identity Disorder AND ONE of the following: <ul style="list-style-type: none"> 1. If the patient is an adult (i.e., 18 years of age or older), then ALL of the following:

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	<ul style="list-style-type: none"> A. The patient is being monitored at least once per year AND B. If the patient will be receiving treatment in Florida, then their written informed consent was provided from an in-person visit with a physician AND C. If the patient will be receiving treatment in Alabama, then the patient is 19 years of age or older AND D. If the patient will be receiving treatment in Puerto Rico, then the patient is 21 years of age or older AND E. ONE of the following: <ul style="list-style-type: none"> 1. The patient's current testosterone level is ONE of the following: <ul style="list-style-type: none"> A. Total serum testosterone level that is within OR below the testing laboratory's normal range for the patient's gender identity OR is less than 300 ng/dL OR B. Free serum testosterone level that is within OR below the testing laboratory's normal range for the patient's gender identity OR 2. There is support for continuing therapy with the patient's current testosterone level OR 2. If the patient is an adolescent (i.e., 17 years of age or younger), ALL of the following: <ul style="list-style-type: none"> A. The patient is being monitored at least once per year AND B. The patient is NOT continuing treatment in Alabama, Idaho, Indiana, Iowa, Louisiana, Mississippi, Oklahoma, Puerto Rico, South Carolina, South Dakota, or Tennessee AND C. If the patient is continuing treatment in Florida, then treatment must have begun prior to 05/17/23 with parental consent AND D. If the patient is continuing treatment in Kentucky, then the provider must have documented BOTH of the following: <ul style="list-style-type: none"> 1. Immediately terminating the minor's use of the treatment would cause harm to the patient AND 2. The provider has instituted a period of time where treatment is systematically reduced AND E. If the patient is continuing treatment in North Carolina, then treatment must have begun prior to 08/01/2023 AND F. If the patient is continuing treatment in North Dakota, then treatment must have begun prior to 04/21/2023 AND

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G. If the patient is a BCBS TX ASO municipalities/counties/schools member continuing treatment in Texas, then BOTH of the following:

1. The provider documents that treatment was initiated prior to 6/1/23 **AND**
2. The provider has instituted a period of time where treatment is systematically reduced **OR**

C. The patient has a diagnosis other than primary or secondary hypogonadism or gender dysphoria/gender incongruence **AND**

3. The patient does NOT have any FDA labeled contraindications to the requested agent **AND**
4. If the request is for one of the following brand agents, then ONE of the following:

Brand
Androgel, Testosterone gel
Aveed
Azmiro
Fortesta, Testosterone gel
Jatenzo
Kyzatrex
Methitest
Natesto
Testim
Testopel
Tlando
Undecatrex
Vogelxo, Testosterone gel
Xyosted

- A. The request is for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member **OR**
- B. BOTH of the following:
 1. ONE of the following:
 - A. The patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat the cancer **OR**
 - B. The patient has been diagnosed with stage four advanced, metastatic cancer and the requested

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	<p style="text-align: center;">agent is being used to treat an associated condition related to stage four advanced metastatic cancer [chart notes are required]</p> <p style="text-align: center;">AND</p> <p style="text-align: center;">2. The use of the requested agent is consistent with best practices for the treatment of stage four advanced, metastatic cancer, or an associated condition; supported by peer-reviewed, evidence-based literature; and approved by the United States Food and Drug Administration OR</p> <p>C. The patient is currently being treated with the requested agent and the patient is currently stable on the requested agent [chart notes are required] OR</p> <p>D. The patient has tried and had an inadequate response to ONE generic androgen or anabolic steroid that is FDA labeled or supported in compendia (AHFS, DrugDex 1, 2a, or 2b level of evidence, or NCCN 1, 2a, or 2b recommended use) for the requested indication [chart notes are required] OR</p> <p>E. ONE generic androgen or anabolic steroid that is FDA labeled or supported in compendia (AHFS, DrugDex 1, 2a, or 2b level of evidence, or NCCN 1, 2a, or 2b recommended use) for the requested indication was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] OR</p> <p>F. The patient has an intolerance or hypersensitivity to ONE generic androgen or anabolic steroid that is FDA labeled or supported in compendia (AHFS, DrugDex 1, 2a, or 2b level of evidence, or NCCN 1, 2a, or 2b recommended use) for the requested indication that is not expected to occur with the requested brand agent [chart notes are required] OR</p> <p>G. The patient has an FDA labeled contraindication to ALL generic androgen or anabolic steroid agents that are FDA labeled or supported in compendia (AHFS, DrugDex 1, 2a, or 2b level of evidence, or NCCN 1, 2a, or 2b recommended use) that is not expected to occur with the requested brand agent [chart notes are required] OR</p> <p>H. ONE generic androgen or anabolic steroid that is FDA labeled or supported in compendia (AHFS, DrugDex 1, 2a, or 2b level of evidence, or NCCN 1, 2a, or 2b recommended use) for the requested indication is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; OR cause a significant barrier to the patient's adherence of care; OR worsen a comorbid condition; OR decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; OR cause an adverse reaction or cause physical or mental harm [chart notes are required] OR</p> <p>I. ONE generic androgen or anabolic steroid that is FDA labeled or supported in compendia (AHFS, DrugDex 1, 2a, or 2b level of evidence, or NCCN 1, 2a, or 2b recommended use) for the requested indication is not in the best interest of the patient based on medical necessity [chart notes are required] OR</p> <p>J. The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of action as ONE generic androgen or anabolic steroid that is FDA labeled or supported in compendia (AHFS, DrugDex 1, 2a, or 2b level of evidence, or NCCN 1, 2a, or 2b recommended use) for the requested indication and that prescription drug was discontinued</p>

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	<p style="text-align: center;">due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes are required] AND</p> <p>5. ONE of the following:</p> <ul style="list-style-type: none"> A. The patient will NOT be using the requested agent in combination with another androgen or anabolic steroid agent for the requested indication OR B. There is support for therapy with more than one androgen or anabolic steroid agent <p>Length of Approval: 12 months</p> <p>GID requests for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member on HSA plan: \$0 cost share after deductible</p> <p>GID requests for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member on non-HSA plan: flat \$0 cost share</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p>

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	<p>Quantity limit for the Target Agent(s) will be approved when ONE of the following is met:</p> <ul style="list-style-type: none"> 1. The requested quantity (dose) does NOT exceed the program quantity limit OR 2. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: <ul style="list-style-type: none"> A. BOTH of the following: <ul style="list-style-type: none"> 1. The requested agent does NOT have a maximum FDA labeled dose for the requested indication AND 2. There is support for therapy with a higher dose for the requested indication OR B. BOTH of the following: <ul style="list-style-type: none"> 1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication AND 2. There is support for why 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. BOTH of the following: <ul style="list-style-type: none"> 1. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication AND 2. There is support for therapy with a higher dose for the requested indication <p>Length of Approval:</p> <p>BCBSIL: 12 months</p> <p>ALL other plans:</p> <p>Initial: 6 months (delayed puberty only), 12 months (all other indications). Renewal: 12 months</p>