Maricopa Integrated Health Systems
Formulary Prior Auth Criteria

Drug: Depo-Testosterone (Testosterone Cypionate)
Delatestryl (Testosterone Enanthate)

Therapy:
Is indicated for replacement therapy in conditions associated with a deficiency or absence of endogenous testosterone;

A) Primary Hypogonadism (congenital or acquired)- testicular failure due to cryptochidism, bilateral torsions, orchitis, Klinefelter's syndrome, or orchidectomy.
B) Hypogonadotropic hypogonadism (congenital or acquired)- idiopathic gonadotropin or LHRH deficiency or pituitary-hpothalamic injury from tumors, trauma or radiation

Females- Androgens may be used secondarily in women with advancing inoperable metastatic (skeletal) mammary cancer who are 1 to 5 years postmenopausal. In premenopausal women with breast cancer who have benefited from oophorectomy and are considered to have a hormone-responsive tumor
HIV wasting

Inclusions:
A) Request from physican
B) Testosterone level
C) Hypogonadism- Primary or Hypogonadotropic
Deficiency or absence of endogenous testosterone (primary or acquired)
C) HIV wasting-
1) Height; previous weight and current weight
2) failure of formulary medications
D) Female- (Oncology)
1) Breast Cancer
2) Failure of other formulary medications
3) Member has been informed of risks if pre-menopausal (unless the patient is post menopausal or the physician can confirm this unnecessary)

Contraindications:
Androgens are contraindicated in men with carcinomas of the breast or with known or suspected carcinomas of the prostate, and in women who are or may become pregnant

Authorization:
Six months and continue authorization of one year with documented efficacy

Medical Director_____
Date_____