Hennepin Health
300 South Sixth Street, MC 604
Minneapolis, Minnesota 55487-0604

Testosterone (Cypionate, Enanthate, and Gel Pump)

Effective Date: 09/01/2023

Therapeutic area: Testosterones

Formulary status:

- X – Full Formulary
- Wrap

Policy statement

Testosterone cypionate, testosterone enanthate, and testosterone gel pumps require prior authorization. Authorization is based on the clinical criteria outlined below.

Approval criteria for gender dysphoria

All of the following must be met:

- The member has a diagnosis of gender dysphoria.
- Testosterone gel pump 1.62% and testosterone cypionate do not require step therapy.
- Testosterone enanthate requires a trial of testosterone cypionate unless contraindicated.
- Testosterone gel pump 1% requires a trial of testosterone gel pump 1.62%.

Approval criteria for hypogonadism

All of the following must be met:

- The member has a diagnosis of primary hypogonadism or hypogonadotropic hypogonadism.
- The member has **two** early morning (before 10 a.m.) testosterone levels confirming low testosterone (<300 ng/dL), obtained within the past 18 months.
- Testosterone gel pump 1.62% and testosterone cypionate do not require step therapy.
- Testosterone enanthate requires a trial of testosterone cypionate unless contraindicated.
- Testosterone gel pump 1% requires a trial of testosterone gel pump 1.62%.