



Commercial/Healthcare Exchange PA Criteria

Effective: June 3, 2020

Prior Authorization: Jatenzo

Products Affected: Jatenzo (testosterone undecanoate) oral capsules

Medication Description: Jatenzo (testosterone undecanoate) is a testosterone prodrug that the body converts to testosterone.

Covered Uses:

1. Primary hypogonadism (congenital or acquired)
2. Hypogonadotropic hypogonadism (congenital or acquired)

Exclusion Criteria:

1. Men with breast cancer or known or suspected prostate cancer
2. Men with hypogonadal conditions, such as “age-related hypogonadism”, that are not associated with structural or genetic etiologies.

Required Medical Information:

1. Diagnosis
2. Baseline total testosterone lab value
3. Previous medications tried and failed

Age Restrictions: 18 years of age or older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

1. **Primary hypogonadism** (congenital or acquired):
 - a. Patient has a diagnosis of primary hypogonadism (congenital or acquired) testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, Klinefelter syndrome, chemotherapy, or toxic damage from alcohol or heavy metal, or orchiectomy; **AND**
 - b. Patient has a total testosterone level less than 300 ng/dL; **AND**
 - c. Patient must have tried and failed, or have a contraindication or intolerance to, **THREE** generic testosterone formulations (e.g. testosterone gel, testosterone intramuscular injection, testosterone topical solution)
2. **Hypogonadotropic hypogonadism** (congenital or acquired):
 - a. Patient has a diagnosis of hypogonadotropic hypogonadism (congenital or acquired) idiopathic gonadotropin or LHRH deficiency, or pituitary-hypothalamic injury from tumors, trauma, or radiation; **AND**

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- b. Patient has a total testosterone level less than 300 ng/dL; **AND**
- c. Patient must have tried and failed, or have a contraindication or intolerance to, **THREE** generic testosterone formulations (e.g. testosterone gel, testosterone intramuscular injection, testosterone topical solution)

References:

1. Jatenzo [package insert]. Northbrook, IL: Clarus Therapeutics, Inc.; 2019.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	6/3/2020

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