

## Prioritized List Guideline Note



*Extracted from the February 1, 2021 Prioritized List*

### **GUIDELINE NOTE 182, TESTOSTERONE REPLACEMENT FOR TESTICULAR HYPOFUNCTION**

*Line 469*

Testosterone replacement therapy is included on this line for testicular hypofunction or dysfunction only when all of the following inclusion criteria are met and none of the exclusion criteria apply:

Inclusion criteria:

- A) The patient is a male 18 years of age or older; AND
- B) The patient has had TWO morning (between 8 a.m. to 10 a.m.) tests (at least 1 week apart) at baseline demonstrating low testosterone levels as defined by the following criteria:
  - 1) Total serum testosterone level less than 300ng/dL (10.4nmol/L); OR
  - 2) Total serum testosterone level less than 350ng/dL (12.1nmol/L) AND free serum testosterone level less than 50pg/mL (or 0.174nmol/L); AND
- C) Patient has received ONE of the following diagnoses:
  - 1) Primary Hypogonadism (congenital or acquired): as defined as testicular failure due to such conditions as cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, orchidectomy, Klinefelter's syndrome, chemotherapy, trauma, or toxic damage from alcohol or heavy metals; OR
  - 2) Hypogonadotropic Hypogonadism (congenital or acquired): as defined by idiopathic gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency, or pituitary-hypothalamic injury from tumors, trauma or radiation

Exclusion criteria:

- A) Patient has ANY of the following contraindications:
  - 1) Breast cancer or known or suspected prostate cancer
  - 2) Elevated hematocrit (>50%)
  - 3) Untreated severe obstructive sleep apnea
  - 4) Severe lower urinary tract symptoms
  - 5) Uncontrolled or poorly-controlled heart failure
- B) Patient has experienced a major cardiovascular event (such as a myocardial infarction, stroke, acute coronary syndrome) in the past six months
- C) Patient has uncontrolled or poorly-controlled benign prostate hyperplasia or is at a higher risk of prostate cancer, such as elevation of PSA after initiating testosterone replacement therapy

This guideline does not apply to testosterone replacement therapy for HIV-associated weight loss, delayed puberty, treatment of metastatic breast cancer, or transgender health.

<https://www.oregon.gov/oha/HPA/DSI-HERC/PrioritizedList/2-1-2021%20Prioritized%20List%20of%20Health%20Services.pdf>