

**Texas Prior Authorization Program
Clinical Edit Criteria**

Drug/Drug Class**Androgenic Agents****Clinical Edit Information Included in this Document**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical edit

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Initial publication and posting to website



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Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
ANDROGEL 1% GEL PUMP	23141
ANDROGEL 1% (2.5G) GEL PACKET	47851
ANDROGEL 1% (5G) GEL PACKET	47852
ANDROGEL 1.62% GEL PUMP	29905
ANDROGEL 1.62% (1.25G) GEL PACKET	33452
ANDROGEL 1.62% (2.5G) GEL PACKET	33453
ANDRODERM 2MG/24HR PATCH	30796
ANDRODERM 4MG/24HR PATCH	29171
AXIRON 30MG/ACTUATION SOLN	29647
FORTESTA 10 MG GEL PUMP	98317
STRIANT 30 MG MUCOADHESIVE	19948
TESTIM 1% (50MG) GEL	97089
TESTOSTERONE 10MG GEL PUMP	98317
TESTOSTERONE 12.5MG/1.25GM	23141
TESTOSTERONE 50MG/5GM GEL	97089
TESTOSTERONE 50MG/5GM PACKET	47852
VOGELXO 50MG/5GM GEL	97089
VOGELXO 50MG/5GM GEL PACKET	47852
VOGELXO 12.5MG/1.25GM PUMP	23141



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Clinical Edit Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
 Yes – Go to #2
 No – Deny

2. Is the client male?
 Yes – Go to #3
 No – Deny

3. Does the client have a diagnosis of hypogonadism in the last 730 days?
 Yes – Go to #4
 No – Deny

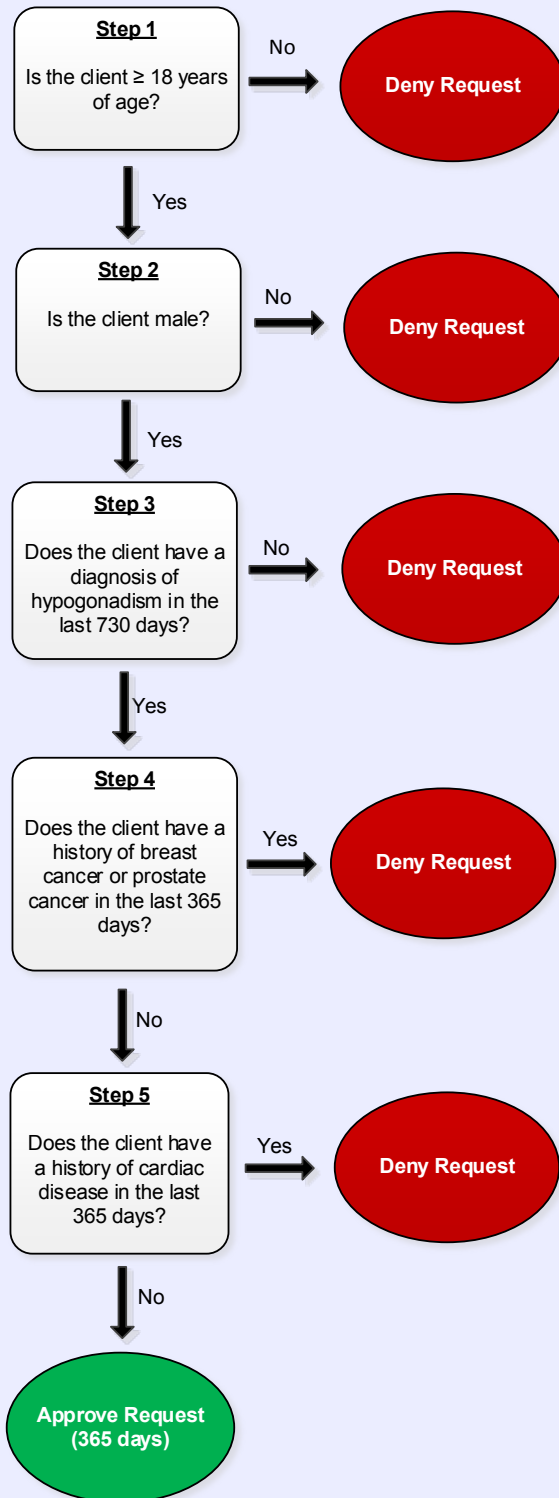
4. Does the client have a history of breast cancer or prostate cancer in the last 365 days?
 Yes – Deny
 No – Go to #5

5. Does the client have a history of cardiac disease (including heart failure, coronary artery disease, and/or myocardial infarction) in the last 365 days?
 Yes – Deny
 No – Approve (365 days)



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Clinical Edit Criteria Logic Diagram





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Clinical Edit Criteria Supporting Tables

Step 3 (diagnosis of hypogonadism) Required quantity: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
257.2	OTHER TESTICULAR HYPOFUNCTION
ICD-10 Code	Description
E29.1	TESTICULAR HYPOFUNCTION

Step 4 (history of breast or prostate cancer) Required quantity: 1 Look back timeframe: 365 days	
ICD-9 Code	Description
175	MALIGNANT NEOPLASM OF MALE BREAST
175.0	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF MALE BREAST
175.9	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED SITES OF MALE BREAST
185	MALIGNANT NEOPLASM OF PROSTATE
198.81	SECONDARY MALIGNANT NEOPLASM OF BREAST
ICD-10 Code	Description
C50.02	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, MALE
C50.021	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT MALE BREAST
C50.022	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT MALE BREAST
C50.029	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, UNSPECIFIED MALE BREAST
C50.12	MALIGNANT NEOPLASM OF CENTRAL PORTION OF BREAST, MALE
C50.121	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT MALE BREAST
C50.122	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT MALE BREAST
C50.129	MALIGNANT NEOPLASM OF CENTRAL PORTION OF UNSPECIFIED MALE BREAST
C50.22	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF BREAST, MALE
C50.221	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT MALE BREAST
C50.222	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT MALE BREAST

Step 4 (history of breast or prostate cancer)	
Required quantity: 1	
Look back timeframe: 365 days	
C50.229	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF UNSPECIFIED MALE BREAST
C50.32	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF BREAST, MALE
C50.321	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT MALE BREAST
C50.322	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT MALE BREAST
C50.329	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF UNSPECIFIED MALE BREAST
C50.42	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF BREAST, MALE
C50.421	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT MALE BREAST
C50.422	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT MALE BREAST
C50.429	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF UNSPECIFIED MALE BREAST
C50.52	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF BREAST, MALE
C50.521	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT MALE BREAST
C50.522	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT MALE BREAST
C50.529	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF UNSPECIFIED MALE BREAST
C50.62	MALIGNANT NEOPLASM OF AXILLARY TAIL OF BREAST, MALE
C50.621	MALIGNANT NEOPLASM OF AXILLARY TAIL OF RIGHT MALE BREAST
C50.622	MALIGNANT NEOPLASM OF AXILLARY TAIL OF LEFT MALE BREAST
C50.629	MALIGNANT NEOPLASM OF AXILLARY TAIL OF UNSPECIFIED MALE BREAST
C50.82	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BREAST, MALE
C50.821	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT MALE BREAST
C50.822	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT MALE BREAST
C50.829	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED MALE BREAST
C50.92	MALIGNANT NEOPLASM OF BREAST OF UNSPECIFIED SITE, MALE
C50.921	MALIGNANT NEOPLASM OF BREAST OF UNSPECIFIED SITE OF RIGHT MALE BREAST
C50.922	MALIGNANT NEOPLASM OF BREAST OF UNSPECIFIED SITE OF LEFT MALE BREAST
C50.929	MALIGNANT NEOPLASM OF BREAST OF UNSPECIFIED SITE OF UNSPECIFIED MALE BREAST
C79.81	SECONDARY MALIGNANT NEOPLASM OF BREAST

Step 5 (diagnosis of cardiac disease)	
Required quantity: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
410	ACUTE MYOCARDIAL INFARCTION
410.0	ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL
410.1	ACUTE MYOCARDIAL INFARCTION OF OTHER ANTERIOR WALL
410.2	ACUTE MYOCARDIAL INFARCTION OF INFEROLATERAL WALL
410.3	ACUTE MYOCARDIAL INFARCTION OF INFEROPOSTERIOR WALL
410.4	ACUTE MYOCARDIAL INFARCTION OF OTHER INFERIOR WALL
410.5	ACUTE MYOCARDIAL INFARCTION OF OTHER LATERAL WALL
410.6	TRUE POSTERIOR WALL INFARCTION
410.7	SUBENDOCARDIAL INFARCTION
410.8	ACUTE MYOCARDIAL INFARCTION OF OTHER SPECIFIED SITES
410.9	ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE
411	OTHER ACUTE AND SUBACUTE FORMS OF ISCHEMIC HEART DISEASE
411.0	POSTMYOCARDIAL INFARCTION SYNDROME
411.1	INTERMEDIATE CORONARY SYNDROME
411.8	OTHER ACUTE AND SUBACUTE FORMS OF ISCHEMIC HEART DISEASE
411.81	ACUTE CORONARY OCCLUSION WITHOUT MYOCARDIAL INFARCTION
411.89	OTHER ACUTE AND SUBACUTE FORMS OF ISCHEMIC HEART DISEASE, OTHER
414	OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE
414.0	CORONARY ATHEROSCLEROSIS
414.00	CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF VESSEL, NATIVE OR GRAFT
414.01	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY
414.02	CORONARY ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT
414.03	CORONARY ATHEROSCLEROSIS OF NONAUTOLOGOUS BIOLOGICAL BYPASS GRAFT
414.04	CORONARY ATHEROSCLEROSIS OF ARTERY BYPASS GRAFT
414.05	CORONARY ATHEROSCLEROSIS OF UNSPECIFIED BYPASS GRAFT
414.06	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY OF TRANSPLANTED HEART
414.07	CORONARY ATHEROSCLEROSIS OF BYPASS GRAFT (ARTERY) (VEIN) OF TRANSPLANTED HEART
414.1	ANEURYSM AND DISSECTION OF HEART
414.10	ANEURYSM OF HEART (WALL)
414.11	ANEURYSM OF CORONARY VESSELS
414.12	DISSECTION OF CORONARY ARTERY
414.19	OTHER ANEURYSM OF HEART

Step 5 (diagnosis of cardiac disease)	
Required quantity: 1	
Look back timeframe: 365 days	
414.2	CHRONIC TOTAL OCCLUSION OF CORONARY ARTERY
414.3	CORONARY ATHEROSCLEROSIS DUE TO LIPID RICH PLAQUE
414.4	CORONARY ATHEROSCLEROSIS DUE TO CALCIFIED CORONARY LESTION
414.8	OTHER SPECIFIED FORMS OF CHRONIC ISCHEMIC HEART DISEASE
414.9	CHRONIC ISCHEMIC HEART DISEASE, UNSPECIFIED
428	HEART FAILURE
428.0	LEFT HEART FAILURE
428.1	LEFT HEART FAILURE
428.2	SYSTOLIC HEART FAILURE
428.20	SYSTOLIC HEART FAILURE, UNSPECIFIED
428.21	ACUTE SYSTOLIC HEART FAILURE
428.22	CHRONIC SYSTOLIC HEART FAILURE
428.23	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE
428.3	DIASTOLIC HEART FAILURE
428.30	DIASTOLIC HEART FAILURE, UNSPECIFIED
428.31	ACUTE DIASTOLIC HEART FAILURE
428.32	CHRONIC DIASTOLIC HEART FAILURE
428.33	ACUTE ON CHRONIC DIASTOLIC HEART FAILURE
428.4	COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.40	COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE, UNSPECIFIED
428.41	ACUTE COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.42	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.43	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.9	HEART FAILURE, UNSPECIFIED
ICD-10 Code	Description
I21	ST ELEVATION (STEMI) AND NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
I21.0	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF ANTERIOR WALL
I21.1	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF INFERIOR WALL
I21.2	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF OTHER SITES
I21.3	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSPECIFIED SITE
I21.4	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
I22	SUBSEQUENT ST ELEVATION (STEMI) AND NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
I22.0	SUBSEQUENT ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF ANTERIOR WALL

Step 5 (diagnosis of cardiac disease)	
Required quantity: 1	
Look back timeframe: 365 days	
I22.1	SUBSEQUENT ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF INFERIOR WALL
I22.2	SUBSEQUENT NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
I22.8	SUBSEQUENT ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF OTHER SITES
I22.9	SUBSEQUENT ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSPECIFIED SITE
I25	CHRONIC ISCHEMIC HEART DISEASE
I25.1	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY
I25.3	ANEURYSM OF HEART
I25.4	CORONARY ARTERY ANEURYSM AND DISSECTION
I25.5	ISCHEMIC CARDIOMYOPATHY
I25.6	SILENT MYOCARDIAL ISCHEMIA
I25.7	ATHEROSCLEROSIS OF CORONARY ARTERY BYPASS GRAFT(S) AND CORONARY ARTERY OF TRANSPLANTED HEART WITH ANGINA PECTORIS
I25.8	OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE
I25.9	CHRONIC ISCHEMIC HEART DISEASE, UNSPECIFIED
I50	HEART FAILURE
I50.1	LEFT VENTRICULAR FAILURE
I50.2	SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.20	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.21	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.22	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.23	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.3	DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.30	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.31	ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.32	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.33	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.4	COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.40	UNSPECIFIED COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.41	ACUTE COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.42	CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.43	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.9	HEART FAILURE, UNSPECIFIED



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Publication History

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
07/07/2014	Initial publication and posting to website