

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 infraction, 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>