

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Testosterone nasal gel (Natesto)

Initiation (new start) criteria or criteria for members already taking the medication who have not been reviewed previously (e.g., new members): Non-formulary testosterone nasal gel (Natesto) will be covered on the prescription drug benefit when the following criteria are met:

Adequate trial (at least 3 months) or intolerance/hypersensitivity with testosterone topical gel 1.62%.