September 24, 2019

RE: Testosterone Replacement Therapy Prior Authorization (PA) – Effective October 23, 2019

Dear Provider,

As authorized by Oklahoma Administrative Code (OAC) 317:30-5-77.2, effective October 23, 2019, all testosterone replacement products, including testosterone cypionate injections, will require a PA not only for pharmacy claims, but also for physician and outpatient administered drug claims as well.

The criteria and tier chart, approved by the Oklahoma Health Care Authority Drug Utilization Review (DUR) Board, is listed below and can be found at www.okhca.org/pa in the Diabetes/Endocrine Therapeutic Category.

**Testosterone Approval Criteria:**

- Testosterone products will be considered for the following indications with appropriate lab documentation:
  - Testicular failure due to cryptorchidism, bilateral torsions, orchitis, vanishing testis syndrome, or orchidectomy;
  - Idiopathic gonadotropin or luteinizing-hormone-releasing hormone (LHRH) deficiency, or pituitary hypothalamic injury from tumors, trauma, or radiation; and/or
  - Delayed puberty.

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Special PA</th>
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</thead>
<tbody>
<tr>
<td>• methyltestosterone powder</td>
<td>• testosterone enanthate sub-Q auto-injector (Xyosted™)</td>
<td>• fluoxymesterone oral tablet (Androxy®)</td>
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<tr>
<td>• testosterone cypionate injection (Depo-Testosterone®)</td>
<td>• testosterone patch (Androderm®)</td>
<td>• methyltestosterone oral tablet/capsule (Android®, Methitest®, Testred®)</td>
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<tr>
<td>• testosterone enanthate injection</td>
<td>• testosterone topical solution (Axiron®)</td>
<td>• testosterone buccal tablet (Striant®)</td>
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<td>• testosterone topical gel (Androgel®) brand preferred</td>
<td>• testosterone nasal gel (Natesto®)</td>
<td>• testosterone pellets (Testopel®)</td>
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<td></td>
<td>• testosterone undecanoate injection (Aveed®)</td>
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<td>• testosterone topical gel (Fortesta®, Testim®, Vogelxo™)</td>
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</tbody>
</table>

**sub-Q = subcutaneous**

All testosterone replacement products require PA. Tier-1 products do not require failed trials of other testosterone replacement products. The PA request must document two (2) morning lab tests showing
pre-medication testosterone level below 300ng/dL (when applicable) and other labs necessary to demonstrate diagnosis.

The PA forms are located at www.okhca.org/rxforms. The PHARM-18 is used for outpatient/physician administered therapy, and PHARM-4 is used for pharmacy dispensed therapy. Members currently receiving testosterone replacement therapy will require a PA for continued therapy.

If you have any questions, please contact the Pharmacy Helpdesk at (800) 522-0114, option 4 or (405) 522-6205, option 4.

Thank you for your continued service to Oklahoma’s SoonerCare members.

Sincerely,

Melody Anthony

Melody Anthony, MS
State Medicaid Director