KEVIN S. CORBETT
CHIEF EXECUTIVE OFFICER

J. KEVIN STITT
GOVERNOR

STATE OF OKLAHOMA

OKLAHOMA HEALTH CARE AUTHORITY

OHCA 2019-21

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.

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

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, MS
State Medicaid Director