

Testosterone PA Criteria

1. Is the patient being treated for an OHP funded condition?
 - a. If Yes, move to question #2
 - b. If No, Category 1 denial.

Cat 1: Not a covered benefit. Provider submitted diagnosis code is not for an OHP funded condition. No relevant comorbid conditions found in the provider submitted documentation.

2. Is the request for an approved indication of Hypogonadism (primary) or Hypogonadism (hypogonadotropic) in males, or Gender dysphoria in females?
 - a. If Yes, move to question #3
 - b. If No, Category 3 denial

Cat 3: Not a covered benefit. Testosterone cypionate is only FDA approved for the treatment of hypogonadism (primary), hypogonadism (hypogonadotropic) in males, or gender dysphoria in females.

3. Is request for formulary preferred option of testosterone cypionate 100mg/ml or 200mg/ml?
 - a. If Yes, move to question #6
 - b. If No, move to question#4

4. Is request for formulary topical testosterone gel (generic only)?
 - a. Yes, move to question 5
 - b. No, Cat 15 denial – *Member has not had adequate trial of preferred formulary treatment options.*

5. Has member had an adequate trial (12 weeks) of testosterone cypionate injection therapy with confirmed inability to maintain serum testosterone concentration OR a contraindication to therapy? (pain on injection or fear of needles not a contraindication)
 - a. Yes, move to question 6
 - b. No, Deny Cat 5 *Provider submitted documentation does not indicate that member has had inadequate response or has a contraindication to preferred treatment alternatives with demonstrated patient compliance*

6. Is the request for a renewal of therapy?
 - a. If Yes, move to question #7
 - b. If No, move to question #8

7. Do submitted documentation show the member has had levels checked within the last year with levels within normal range? Has member tolerated therapy without adverse effects?
 - a. If Yes, approve for up to 1 year
 - b. If No, forward to medical director for review

8. Does submitted documentation include labs to indicate the member has low testosterone – indicating need for treatment?
 - a. If Yes, approve for up to 1 year
 - b. If No, forward to medical director for review