



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANDROGENIC AGENTS, INJECTABLE PA SUMMARY**

| Preferred | Non-Preferred |
|--|--|
| Testosterone cypionate intramuscular injection generic Testosterone enanthate intramuscular injection generic | Xyosted (testosterone enanthate subcutaneous autoinjector) |

LENGTH OF AUTHORIZATION: 6 months

NOTES:

- All preferred and non-preferred agents require prior authorization.
- **The criteria details below are for the outpatient pharmacy program.** If a medication is being administered in a physician’s office or clinic, then the medication must be billed through the DCH physician services program and not the outpatient pharmacy program. Information regarding the physician services program is located at www.mmis.georgia.gov.

PA CRITERIA:

Testosterone Cypionate Injection Generic or Testosterone Enanthate Injection Generic

- ❖ Approvable for male members 12 years of age or older with a diagnosis of primary hypogonadism, secondary hypogonadism or delayed male puberty when the member’s serum testosterone is lower than 300 ng/dL confirmed by 2 laboratory blood levels conducted on separate days each in the morning.
- ❖ Approvable for female members with a diagnosis of metastatic breast cancer.
- ❖ Must be administered in the member’s home or long-term care facility.

Xyosted

- ❖ Approvable for male members 18 years of age or older with a diagnosis of primary or secondary hypogonadism when the member’s serum testosterone is lower than 300 ng/dL confirmed by 2 laboratory blood levels conducted on separate days each in the morning and the member has tried and failed to achieve testosterone level goal with intramuscular testosterone or the member is not a candidate for intramuscular testosterone.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.



PA and APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.