



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Services
Prior Authorization Criteria
Testosterone Agents
Effective 9/28/2022

[Prior Authorization Request Form](#)

Prior authorization requests for testosterone agents may be approved if the following criteria has been met:

1. Patient has two (2) morning pre-treatment total testosterone levels below the lower limit of the normal total testosterone reference range of the individual laboratory used (please attach lab results).

Requests for erectile dysfunction or infertility will not be approved, unless testicular failure is due to one of the following:

- a) Cryptorchidism
- b) Bilateral torsion
- c) Orchitis
- d) Vanishing testes syndrome
- e) Orchiectomy
- f) Klinefelter's syndrome
- g) Chemotherapy
- h) Toxic damage from alcohol or heavy metals

If criteria for coverage are met, initial authorization will be given for 3 months.

Requests for continuation of therapy will require:

- 1) Updated total testosterone level between 400 and 600 (Please attach lab result); **AND**
- 2) Documentation of improvement in symptoms has been provided.

Continuation of therapy will be granted for 12 months.

Exceptions will be made for Gender Transition/Affirming Hormone Therapy.