



November 22, 2013

Montana Health Care Programs Notice

Pharmacy, Physician, and Mid-Level Practitioner

Effective January 10, 2014

Prior Authorization for Testosterone Products

Effective on January 10, 2014, all **Testosterone** products billed through the Montana Medicaid Pharmacy System require prior authorization (PA). This new PA program encompasses injectable, topical gel, topical liquids, topical patches, and testosterone powders used in compounding.

The testosterone product may be approved for men according to the following criteria:

Diagnosis must include primary testicular hypogonadism, secondary (pituitary-hypothalamic) hypogonadism and the Medicaid member must have at least 2 below normal testosterone levels (drawn before 10 a.m. on two separate days).

For women, a testosterone product may be authorized if the use is for the treatment of breast cancer when requested by an oncologist only.

Reauthorization for testosterone products will be required annually. Approval will be made based on assessment that symptoms have responded to treatment, the member is not experiencing any adverse effects, and a current lab showing normal therapeutic range is provided.

Treatment for decreased libido, erectile dysfunction, or sexual dysfunction with no other symptoms of low testosterone will not be covered.

Testosterone use is contraindicated in males with known or suspected prostate or breast cancer.

Contact Information

If you have any questions, please contact Dave Campana, R.Ph., at 406.444.5951 or dcampana@mt.gov or Katie Hawkins at 406.444.2738 or khawkins@mt.gov or the Medicaid Drug Prior Authorization Unit at 406.443.6002.

For claims questions or additional information, contact Provider Relations at 1.800.624.3958 (toll-free, in/out of state) or 406.442.1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.