

**CRITERIA FOR PRIOR AUTHORIZATION**

**Injectable Androgen Hormone Agents**

**PROVIDER GROUP** Pharmacy  
Professional

**MANUAL GUIDELINES** The following drug(s) require prior authorization:  
Testosterone Enanthate Injection (Delatestryl®)

**CRITERIA FOR MALES:** (must meet all of the following)

- Patient must be a male
- Patient must have one of the following diagnoses:
  - Primary hypogonadism (congenital or acquired)
    - Primary hypogonadism (testicular failure) due to conditions such as (but not limited to) cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, orchiectomy, Klinefelter's syndrome, chemotherapy, or toxic damage from alcohol or heavy metals
    - Patient must have serum testosterone < 300 ng/dL
  - Hypogonadotropic hypogonadism (congenital or acquired)
    - Hypogonadotropic hypogonadism due to (but not limited to) idiopathic gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency, or pituitary-hypothalamic injury from tumors, trauma, or radiation
    - Patient must have serum testosterone < 300 ng/dL
  - Delayed puberty
    - Documented delay in bone age > 2 years, Growth rate < 3 cm/yr, Testicular volume < 4 mL, and/or low serum gonadotropins (LH < 0.1 IU/L; FSH < 0.2 IU/L using ICMA sensitive testing)

**PATIENT MUST MEET INITIAL CRITERIA FOR RENEWALS**

**LENGTH OF APPROVAL FOR HYPOGONADISM** 12 months

**LENGTH OF APPROVAL FOR DELAYED PUBERTY** 6 months

**CRITERIA FOR FEMALES:** (must meet all of the following)

- Patient has a diagnosis of metastatic breast cancer
- Patient must be a female
- Must be prescribed by or in consultation with an oncologist or endocrinologist

**PATIENT MUST MEET INITIAL CRITERIA FOR RENEWALS**

**LENGTH OF APPROVAL** 12 months