

TESTOSTERONE Prior Authorization Form

-
- Standard Request
-
-
- Expedited Request

If you or your prescriber believe that waiting for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision.

For state exchanges only: The above disclaimer applies for exigent circumstances. Expedited review may also be requested when you are undergoing a current course of treatment using a non-formulary drug.

Demographics

Patient Information		Prescriber Information	
Patient Name:		Prescriber Name:	
DOB:	Age:	NPI#:	Specialty:
Health Plan ID#:		Phone:	Fax:
Pharmacy Name:	Pharmacy Phone:	Office Contact:	Direct Phone # or Ext:

Medication Information

Drug Requested:	Strength:	Directions:	Quantity Dispensed:	Day Supply:
<input type="checkbox"/> New medication <input type="checkbox"/> Continuation of therapy	Start Date:	If this is continuation of therapy, please provide CHART DOCUMENTATION indicating the member showed improvement while on therapy.		

Billing Information

<input type="checkbox"/> Billed by PHARMACY dispensed to the member or provider for administration.	<input type="checkbox"/> Billed under MEDICAL benefit by provider. J CODE: _____ ICD-10 Code: _____	Place of Administration: <input type="checkbox"/> Physician's Office <input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Patient Home
--	--	--

Clinical Information

TOTAL testosterone level lab range when OFF THERAPY in ng/dl⁸ _____ Test Date: _____
 (please specify units and type of testosterone): _____

Select Diagnosis: _____ Date Diagnosed: _____

Primary Hypogonadism (congenital or acquired)

- Testicular failure due to cryptorchidism
- Orchiectomy
- Vanishing testis syndrome
- Bilateral torsions
- Orchitis

Hypogonadotropic Hypogonadism (congenital or acquired)
 -Idiopathic gonadotropin or LHRH deficiency, or pituitary-hypothalamic injury from tumors, trauma, or radiation.

Other (please be specific): _____

Has the member previously tried and failed Androgel 1.62%? Yes No

Please provide any additional information which should be considered in the space below: