

TESTOSTERONE
Methyltestosterone, Androderm, Androgel 1.62%, Striant, Testim, testosterone cypionate
Prior Authorization Form

- | | |
|---|---|
| <input type="checkbox"/> Standard Request (72 hours)
<input type="checkbox"/> Expedited Request (24 hours) | If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision. For expedited requests you will receive a decision within 24 hours. You cannot request an expedited coverage determination if you are requesting reimbursement for a drug you already received. |
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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"/> Generic <input type="checkbox"/> Brand Necessary
<i>Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.</i>		
<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
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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): _____

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

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