

# OPTIMA HEALTH FAMILY CARE

## (MEDICAID)

### PHARMACY/MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST\*

**Directions:** The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. Incomplete form will delay the authorization process.

- Will Testosterone Replacement therapy be purchased by the Physician's office?  Yes  No  
**(NOT AVAILABLE AT SPECIALTY PHARMACY - PropriumRx and/or BriovaRx)**  
If **YES**, fax form to: Optima Medical Services at 1-844-723-2094

- Will Testosterone Replacement therapy be purchased by the member?  Yes  No  
**(NOT AVAILABLE AT SPECIALTY PHARMACY – PropriumRx and/or BriovaRx)**  
If **YES**, fax form to: Optima Pharmacy Department at 1-800-750-9692

**Check Drug Requested Below.** If **NOT** checked, authorization might be delayed.

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Testosterone Injections</b><br>(J1070 / J1071 / J3121)  | <input type="checkbox"/> <b>Aveed®</b> (testosterone undecanoate) (J3145) |
| <input type="checkbox"/> <b>TestoPel®</b> (testosterone pellets)<br>(11980 / S0189) |   |

**DRUG INFORMATION:** Information **must** be completed or authorization process will be delayed.

**Drug Name/Form:** \_\_\_\_\_ **Strength/Month:** \_\_\_\_\_

**Dosing Schedule:** \_\_\_\_\_ **Length of Therapy:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **ICD Code:** \_\_\_\_\_

**CLINICAL CRITERIA:** To qualify, check applicable boxes below. If incomplete, authorization process may be delayed. **All lab results must be attached.**

- Patient has Partial Androgen Insensitivity Syndrome with male gender identity/gender dysphoria or delayed male puberty

**OR**

- Patient has hypogonadism confirmed by low testosterone levels:
- TWO (2) MORNING (6AM to 11AM)** testosterone levels obtained on different dates (attach lab results with reference ranges from the laboratory for both)
- First level: \_\_\_\_\_

**AND**

- Repeat testosterone or free testosterone level: \_\_\_\_\_

**AND**

(continued on next page)

Patient has the following symptoms (must attach chart notes documenting symptoms):

<b><u>Specific symptoms</u> (≥ 1 of the following) <u>AND</u></b>	<b><u>Non-Specific Symptoms</u> (≥ 2 of the following)</b>
<input type="checkbox"/> Incomplete or delayed sexual development	<input type="checkbox"/> Decrease energy, motivation, initiative, and self-confidence
<input type="checkbox"/> Reduced sexual desire (libido) and activity	<input type="checkbox"/> Depressed mood
<input type="checkbox"/> Decreased spontaneous erections*	<input type="checkbox"/> Poor concentration and memory
<input type="checkbox"/> Breast discomfort, gynecomastia	<input type="checkbox"/> Sleep disturbance, increased sleepiness
<input type="checkbox"/> Loss of body (axillary, facial, and/or pubic) hair	<input type="checkbox"/> Mild anemia (Hgb 10-12)
<input type="checkbox"/> Small testes (<5 mL) or shrinking testes	<input type="checkbox"/> Reduced muscle bulk and strength Cachexia
<input type="checkbox"/> Low or zero sperm count	<input type="checkbox"/> Increased body fat, BMI
<input type="checkbox"/> Height loss, low trauma fracture, or low bone mineral density	<input type="checkbox"/> Diminished physical or work performance
<input type="checkbox"/> Hot flushes, sweats	

**\*If ‘decreased spontaneous erections’ is the only symptom documented in chart notes, the request will be denied as testosterone replacement is excluded from coverage for sexual dysfunction.**

**Note: For the hypogonadism indication, testosterone drugs CANNOT be used in conjunction with other erectile dysfunction drugs.**

**\*\*Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.\*\***

**\*Previous therapies will be verified through pharmacy paid claims or submitted chart notes.\***

Patient Name: \_\_\_\_\_

Member Optima #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

DEA OR NPI #: \_\_\_\_\_

REVISED/UPDATED: 8/4/2017; 8/31/2018; 10/8/2018; 2/5/2019.