

# OPTIMA HEALTH COMMUNITY CARE

## PHARMACY 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? **(NOT AVAILABLE AT SPECIALTY PHARMACY - PropriumRx and/or BriovaRx)**  Yes  No

If YES, fax form to Optima Medical Services at 1-844-348-3720

- Will Testosterone Replacement therapy be purchased by the member? **(NOT AVAILABLE AT SPECIALTY PHARMACY - PropriumRx and/or BriovaRx)**  Yes  No

If YES, fax form to: Optima Pharmacy Department at 1-800-319-5003

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

Testosterone Injections  
(J1070 / J1071 / J3121)

Avedd® (testosterone undecanoate) (J3145)

TestoPel® (testosterone pellets)  
(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 will 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 within 6 months (attach lab results with reference ranges from the laboratory for both)**

- First level: \_\_\_\_\_

**AND**

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

**AND**

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

(continued on next page)

<u>Specific symptoms (≥ 1 of the following)</u>	<u>AND</u>	<u>Non-Specific Symptoms (≥ 2 of the following)</u>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Incomplete or delayed sexual development</li> <li><input type="checkbox"/> Reduced sexual desire (libido) and activity</li> <li><input type="checkbox"/> Decreased spontaneous erections*</li> <li><input type="checkbox"/> Breast discomfort, gynecomastia</li> <li><input type="checkbox"/> Loss of body (axillary, facial, and/or pubic) hair</li> <li><input type="checkbox"/> Small testes (&lt;5 mL) or shrinking testes</li> <li><input type="checkbox"/> Low or zero sperm count</li> <li><input type="checkbox"/> Height loss, low trauma fracture, or low bone mineral density</li> <li><input type="checkbox"/> Hot flushes, sweats</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Decrease energy, motivation, initiative, and self-confidence</li> <li><input type="checkbox"/> Depressed mood</li> <li><input type="checkbox"/> Poor concentration and memory</li> <li><input type="checkbox"/> Sleep disturbance, increased sleepiness</li> <li><input type="checkbox"/> Mild anemia (Hgb 10-12)</li> <li><input type="checkbox"/> Reduced muscle bulk and strength Cachexia</li> <li><input type="checkbox"/> Increased body fat, BMI</li> <li><input type="checkbox"/> Diminished physical or work performance</li> </ul>

\*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: 8/1/2017