OPTIMA HEALTH PLAN

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: ***The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.***

Drug Requested ***(select one below)*** ***Testosterone - Non-Injectables***

PREFERRED TOPICALS	NON-PREFERRED TOPICALS/INTRANASAL
❑ **Androgel**® (testosterone gel)	❑ **Fortesta**™ (testosterone)
❑ **Axiron**® (testosterone topical solution)	❑ **Androderm**® (testosterone patch)
	❑ **Testim**® **1%** (testosterone gel)
	❑ **Natesto**™ (testosterone nasal gel) ***(NON-PREFERRED Intranasal)***

DRUG INFORMATION: Complete information below. Authorization process will be delayed if incomplete.

Drug Form/Strength: ______________________________

Dosing Schedule: ______________________ **Length of Therapy:** ______________

Diagnosis: ______________________ ***ICD Code, if applicable*:** ______________

- **Testosterone replacement should be avoided in patients with breast or prostate cancer.**

CLINICAL CRITERIA: Check below ALL that apply. Boxes must be checked to qualify or authorization process will be delayed. Chart notes and lab results with ranges MUST be attached to this request.

❑ 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:

Specific symptoms **(≥ 1 of the following)** **AND**

- ❑ Incomplete or delayed sexual development
- ❑ Reduced sexual desire (libido) and activity
- ❑ Decreased spontaneous erections*
- ❑ Breast discomfort, gynecomastia
- ❑ Loss of body (axillary, facial, and/or pubic) hair
- ❑ Small testes (<5 mL) or shrinking testes
- ❑ Low or zero sperm count
- ❑ Height loss, low trauma fracture, or low bone mineral density
- ❑ Hot flushes, sweats

Non-Specific Symptoms **(≥ 2 of the following)**

- ❑ Decrease energy, motivation, initiative, and self-confidence
- ❑ Depressed mood
- ❑ Poor concentration and memory
- ❑ Sleep disturbance, increased sleepiness
- ❑ Mild anemia (Hgb 10-12)
- ❑ Reduced muscle bulk and strength due to Cachexia
- ❑ Increased body fat, BMI
- ❑ Diminished physical or work performance

***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.**

(signature on next page)

In addition for use of topical Non-Preferred Agents *(Androderm®, Fortesta™, Testim®)*:

- ❑ Patient has tried and failed AndroGel®

AND

- ❑ Patient has tried and failed Axiron®

***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 #: ____

***Approved by the Pharmacy and Therapeutics Committee**: ~~6/16/2011~~/ 7/16/2015
REVISED/UPDATED: ~~9/8/2011~~, ~~6/21/2012~~; ~~7/1/2012~~; ~~7/30/2012~~; ~~10/17/2013~~; ~~12/27/2013; 3/19/2014~~; ~~4/16/2015; 4/28/2015; 5/22/2015~~; ~~10/12/2015~~; ~~12/29/2015~~; ~~4/17/16; 5/6/2016~~; ~~8/11/2016~~; ~~9/28/2016~~; ~~12/20/2016~~; **9/23/2017**;