

# 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. Incomplete form will delay authorization process.*

- Will Testosterone Replacement therapy be purchased by the Physician's office? (**NOT AVAILABLE AT SPECIALTY PHARMACY - BriovaRx**)  Yes  No  
If YES, fax form to Optima Medical Services at **1-844-202-5034**

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

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

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

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

**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: 3/19/2014

REVISED/UPDATED: 10/31/2014; 12/23/2014; 12/26/2014; 3/17/2015; 4/8/2015; 5/23/2015; 7/29/15; 10/12/2015; 12/28/2015; 1/29/2016; 2/12/2016; 3/31/2016; 4/17/16; 5/6/2016; 11/29/2016; 12/26/2016; 9/18/2017; 10/4/2017; 1/24/2018