

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. Incomplete form will delay authorization process.*

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

PREFERRED TOPICALS	NON-PREFERRED TOPICALS/INTRANASAL
<input type="checkbox"/> Androgel® (testosterone gel)	<input type="checkbox"/> Fortesta™ (testosterone)
<input type="checkbox"/> Axiron® (testosterone topical solution)	<input type="checkbox"/> Androderm® (testosterone patch)
	<input type="checkbox"/> Testim® 1% (testosterone gel)
	<input type="checkbox"/> Natesto™ (testosterone nasal gel) <i>(NON-PREFERRED Intranasal)</i>

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 for both ranges)
 - First level: _____

AND

Repeat testosterone or free testosterone level: _____

AND

Patient has the following symptoms:

Specific symptoms (≥ 1 of the following)	<u>AND</u>	Non-Specific Symptoms (≥ 2 of the following)
<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 due to 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.

(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, **8/18/2017**