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.***

Testosterone - Non-Injectable

DRUG REQUESTED: Applicable box below MUST be checked to qualify or authorization process will be delayed.

PREFERRED Topicals/Patches	
❑ **Androgel® 1.62%** (testosterone gel)	❑ **Androderm®** (testosterone patch)

NON-PREFERRED Topicals/Intranasal		
❑ **Axiron®** (testosterone topical solution)	❑ **Androgel® 1%** (testosterone gel)	❑ **Fortesta™** (testosterone)
❑ **Natesto™** (testosterone nasal gel)	❑ **Testim® 1%** (testosterone gel)	❑ **Vogelxo™ 1%** (testosterone gel)

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

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

(continued on next page)

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.

In addition, for use of Non-Preferred Agents (Androgel® 1%, Axiron®, Fortesta™, Natesto™ Testim®, Vogelxo™):

- ❑ Patient has tried and failed Androgel® 1.62%

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~~; 10/19/2017
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~~; **12/19/2017**;