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; **(Pharmacy) 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Testosterone (Pharmacy)

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

PREFERRED		
❑ **testosterone gel 1%, 1.62%**	❑ **Androderm®** (testosterone patch)	
❑ **Testosterone Injections**		
NON-PREFERRED		
❑ **Axiron®** (testosterone topical solution)	❑ **Androgel® 1%, 1.62%** (testosterone gel)	❑ **Fortesta™** (testosterone)
❑ **Natesto™** (testosterone nasal gel)	❑ **Testim® 1%** (testosterone gel)	❑ **Vogelxo™ 1%** (testosterone gel)
❑ **Xyosted™ injection** (testosterone enanthate)		

DRUG INFORMATION: Complete information below or authorization will be delayed.

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 will be delayed. 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 **obtained on different dates (attach lab results for both ranges)**
  - ❑ First level: _____

AND

  - ❑ Repeat testosterone or free testosterone level: _____

(continued on next page)

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		

***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™, Xyosted™):

- ❑ Patient has tried and failed testosterone gel 1%, 1.62%, Androderm®, or testosterone injections.

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~~; ~~2/15/2019~~; **5/14/2019**