

## Non-Injectable Testosterone Prior Authorization Request Form (Page 1 of 2)

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information <small>(required)</small>			Provider Information <small>(required)</small>		
Member Name:			Provider Name:		
Insurance ID#:			NP#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:
Medication Information <small>(required)</small>					
Medication Name:			Strength:		Dosage Form:
<input type="checkbox"/> Check if requesting <b>brand</b>			Directions for Use:		
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>					
Clinical Information <small>(required)</small>					
<b>Select the diagnosis below:</b> <input type="checkbox"/> Hypogonadism <input type="checkbox"/> Partial androgen insensitivity syndrome <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
<b>Clinical information:</b> Does the patient have prostate cancer or breast cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Hypogonadism, also answer the following:</b> Is the diagnosis confirmed by two (2) morning (6AM to 11AM) testosterone levels within 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach lab results for both ranges</i> Select if the patient has greater than or equal to one 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 (less than 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 Select if the patient has greater than or equal to two of the following: <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 due to Cachexia <input type="checkbox"/> Increased body fat, BMI <input type="checkbox"/> Diminished physical or work performance					

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

Office use only: Non-injectable Testosterone\_Optima\_2018Jan-W

## Non-Injectable Testosterone Prior Authorization Request Form (Page 2 of 2)

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Partial androgen insensitivity syndrome, also answer the following:

Select if the patient has one of the following:

- Male gender identity/gender dysphoria
- Delayed male puberty

**\*\*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.\***

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

---

---

Please note: This request may be denied unless all required information is received.  
For urgent or expedited requests please call 1-800-711-4555.  
This form may be used for non-urgent requests and faxed to 1-800-527-0531.