



Pharmacy Pre-authorization Form: Testosterone Replacement Therapy

Date: _____ Physician Name: _____
 Member Name: _____ Physician ID # (Required for all requests) _____
 Member ID Number: _____ Physician Specialty: _____
 Member DOB: _____ Physician Address: _____
 Physician Telephone: _____
 Physician Fax/E-mail: _____

Medication requested (check one):

- Androgel Vogelxo Testopel Androderm Aveed Fortesta
 Natesto Striant Axiron Testim Xyosted

1. Please provide diagnosis/physical symptoms being treated: _____					
ICD9/ICD10 code(s) _____ **ICD9/ICD 10 codes are now required to process ALL requests.					
2. Please provide patient's weight _____ height _____					
3. Please provide applicable lab work, including total testosterone, free testosterone, LH, FSH, or prolactin. <div style="text-align: center; border: 2px solid black; padding: 5px; margin: 10px auto; width: fit-content;">Lab reports are REQUIRED to process all requests.</div>					
4. For Testosterone requests:					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Has patient failed an adequate trial of Androgel? Date(s) of trial: from _____ to _____</td> <td style="width: 10%; padding: 5px; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 10%; padding: 5px; text-align: center;"><input type="checkbox"/> No</td> </tr> </table>	Has patient failed an adequate trial of Androgel? Date(s) of trial: from _____ to _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Has patient failed an adequate trial of Androgel? Date(s) of trial: from _____ to _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

PRESCRIBER SIGNATURE _____ **DATE** _____

By signing above, the prescriber confirms all information provided is accurate and verifiable via member records.

*This is confidential information. If you receive this form in error, please notify Provider Services immediately at 1-800-828-3407.
 The information in this document does not apply to ConnectiCare VIP Medicare plan members.*

Pharmacy Preauthorization Overview

Drug Type	Partner	ePA	Fax	Phone
Traditional pharmacy	ESI	Yes	Commercial:	Commercial:
Medical drug, non-chemo	Care Continuum (an ESI company), ESI	Yes	<ul style="list-style-type: none"> • Pharmacy: 1-877-251-5896 • Medical: 1-888-631-8817 Medicare: <ul style="list-style-type: none"> • Pharmacy: 1-877-251-5896 • Medical: 1-888-631-8817 	<ul style="list-style-type: none"> • Pharmacy: 1-877-417-5383, 24/7/365 • Medical: 1-877-391-7821, 8 a.m. to 7 p.m., Monday through Friday Medicare: <ul style="list-style-type: none"> • Pharmacy: 1-877-954-2282, 24/7/365 • Medical: 1-877-391-7821, 8 a.m. to 7 p.m., Monday through Friday
Chemo regimen, including oral drugs	NCH	Online at my.newcenturyhealth.com	1-877-624-8602	1-888-999-7713, option 8 , 8 a.m. to 8 p.m., Monday through Friday, and 9 a.m. to 6 p.m. on Saturday.