Please select medication and provide quantity:

- Aveed qty ______ per 90 days
- Delatestyl qty ______ per 90 days
- Depo-Testosterone 100mg/ml qty ______ per 90 days
- Depo-Testosterone 200mg/ml qty ______ per 90 days
- Testopel pellet qty ______ per 90 days

*Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit.

Is this request for brand or generic?  ❑ Brand  ❑ Generic
1. Will the patient be using this medication in combination with any other form of testosterone?  ❑ Yes  ❑ No
2. **Aveed request**: Has the prescriber been certified by the Aveed REMS program?  ❑ Yes  ❑ No
3. What is the patient’s diagnosis?
   - Inoperable metastatic breast cancer  ❑ OR  ❑ Inoperable metastatic mammary cancer
     a. If initiating testosterone therapy, has the patient received at least one prior therapy for treatment of this condition?  ❑ Yes  ❑ No
     b. Will the patient be monitored for hypercalcemia every 6 months and advised to discontinue testosterone if found to be present?  ❑ Yes  ❑ No
     c. Will the liver function tests and hematocrit level be monitored every 6 months?  ❑ Yes  ❑ No
   - Delay in sexual development and/or puberty
     a. Will the patient’s bone age of the hand and wrist be assessed every 6 months as determined by radiographic evidence?  ❑ Yes  ❑ No
     b. Will the liver function tests and hematocrit level be monitored every 6 months?  ❑ Yes  ❑ No
   - Deficiency of testosterone/hypogonadism
     a. Has the patient been on testosterone therapy in any dosage form continuously for the last 4 months, excluding samples?  ❑ Yes  ❑ No
       - **NO** – this is INITIATION of therapy, please answer the following questions:
         i. Has the patient had two morning total testosterone levels less than 300 ng/dL on different days?  ❑ Yes  ❑ No
         ii. What percent is the patient’s hematocrit level?  _____ %
         iii. Has the patient had a prostatectomy?  ❑ Yes  ❑ No*

   *If NO AND Over 40 years old: What is the patient’s baseline Prostate Specific Antigen (PSA)?  _____ ng/ml  ❑ Not tested
   iv. Does the patient have a current diagnosis of prostate cancer?  ❑ Yes  ❑ No*
   *If NO*, does the patient have palpable nodules?  ❑ Yes  ❑ No
   v. Does the patient have a concurrent diagnosis of benign prostate hyperplasia (BPH)?  ❑ Yes*  ❑ No
   *If YES*, will the symptoms associated with BPH be monitored for worsening symptoms?  ❑ Yes  ❑ No
   vi. Has the prescribing physician assessed the patient for their cardiovascular risk for myocardial infarction (MI), angina, and stroke?  ❑ Yes  ❑ No
   vii. Does the patient have a diagnosis of sleep apnea?  ❑ Yes*  ❑ No

   *If YES*, is the patient being treated for their sleep apnea?  ❑ Yes  ❑ No

   - **YES** – this is a PA renewal for CONTINUATION of therapy, please answer the following questions:
     i. Does the patient have a total testosterone level 800 ng/dL or less?  ❑ Yes  ❑ No
     ii. Does the patient have a concurrent diagnosis of benign prostate hyperplasia (BPH)?  ❑ Yes*  ❑ No
     *If YES*, have the symptoms associated with BPH worsened since beginning testosterone therapy?  ❑ Yes  ❑ No
     iii. Has the prescribing physician re-assessed the patient for their cardiovascular risk for myocardial infarction (MI), angina, and stroke?  ❑ Yes  ❑ No
     iv. Will the following be monitored every 12 months:
       - Serum testosterone concentrations  ❑ Yes  ❑ No
       - Hematocrit levels  ❑ Yes  ❑ No
       - Over 40 years of age: Prostate specific antigen (PSA)  ❑ Yes  ❑ No  ❑ N/A – patient had a prostatectomy

   - **Gender Dysphoria (GD)**
     a. Is the patient undergoing a female to male transition?  ❑ Yes  ❑ No
     b. Is this medication being prescribed by an endocrinologist or a prescriber who is experienced in treating this patient or others for GD?  ❑ Yes  ❑ No
     c. Has the patient met the DSM-V (DSM-5) criteria for Gender Dysphoria?  ❑ Yes  ❑ No

   - **Other diagnosis (please specify):**

The information provided on this form will be used to determine the provision of healthcare benefits under a U.S. federal government program, and any falsification of records may subject the provider to prosecution, either civilly or criminally, under the False Claims Acts, the False Statements Act, the mail or wire fraud statutes, or other federal or state laws prohibiting such falsification. **Prescriber Certification**: I certify all information provided on this form to be true and correct to the best of my knowledge and belief. I understand that the insurer may request a medical record if the information provided herein is not sufficient to make a benefit determination or requires clarification and I agree to provide any such information to the insurer.

Testosterone – Injection/Implant – FEP CSU_MD Fax Form Revised 1/1/2019
Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

<table>
<thead>
<tr>
<th>Method</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Electronically Online (ePA)</strong></td>
<td>Now you can get responses to drug prior authorization requests securely online. Online submissions may receive instant responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to Caremark.com/ePA.</td>
</tr>
<tr>
<td><strong>Phone</strong></td>
<td>The FEP Clinical Call Center can be reached at (877)-727-3784 between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same info contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.</td>
</tr>
<tr>
<td><strong>Fax</strong></td>
<td>Fax the attached form to (877)-378-4727 Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the PA request cannot be processed. Please only fax the completed form once as duplicate submissions may delay processing times.</td>
</tr>
</tbody>
</table>