## 2024 MEDICARE PRIOR AUTHORIZATION REQUEST FORM



Injectable Testosterone Products - Medicare

Phone: 215-991-4300 Fax back to: 866-371-3239

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

Patient Name:		Prescriber Name:	Prescriber Name:	
Member Number:		Fax:	Phone:	
Date of Birth:		Office Contact:	Office Contact:	
Line of Business:	□ Medicare	NPI:	State Lic ID:	
Address:		Address:		
City, State ZIP:		City, State ZIP:	City, State ZIP:	
Primary Phone:		Specialty/facility nam	Specialty/facility name (if applicable):	
	DITED REVIEW: By checking this box and income or the enrollee's ability to reg		our standard review timeframe may seriously jeopardize	
Drug Name:				
Strength:				
Directions / SIG:				
Please attach any pertinent medical history including labs and information for this member that may support approval.  Please answer the following questions and sign.  Q1. Is the request for continuation of therapy?				
☐ Yes		□ No		
Q2. Has the patient's response to testosterone therapy been evaluated? Please provide documentation of the patient's response to therapy.				
☐ Yes		□ No		
Q3. Is the medication being used for a diagnosis of hypogonadism?				
☐ Yes		☐ No		
Q4. Is the medication being used for a medically accepted indication? (Please provide documentation of diagnosis)				
☐ Yes		□ No		
Q5. Do labs show low testosterone levels in comparison to lab reference values on 2 separate occasions?Please include labs.				
☐Yes		□ No		
Q6. Does the explanation of		nptoms as a result of testoster	one deficiency? (include	

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PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

Patient Name:	Prescriber Name:
☐ Yes	□ No
Q7. Requested Duration: ☐ 12 Months	☐ Other
Q8. Additional Information:	
Prescriber Signature	Date  2024 Medicare Prior Authorization Request