Priority Health Medicare prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☐ **Medicare Part B** ☒ **Medicare Part D**
This request is: ☐ **Expedited request** ☐ **Standard request**

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

Aveed® (testosterone)

Member

Last Name: _____ First Name: _____
ID #: _____ DOB: _____ Gender: _____
Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____
Provider Address: _____
Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Product Information

☐ New Request ☐ Continuation Request

Drug product: ☐ Aveed 750 mg/3 mL

Start date (or date of next dose): _____
Date of last dose (if applicable): _____
Dosing frequency: _____
ICD-10 Diagnosis code(s): _____

Place of administration:
☐ Physician's office
☐ Outpatient infusion
Facility: _____ NPI: _____ Fax: _____
☐ Home infusion
Facility: _____ NPI: _____ Fax: _____

Billing:
☐ Physician to buy and bill
☐ Facility to buy and bill
☐ Specialty Pharmacy
Pharmacy: _____ NPI: _____ Fax: _____

Precertification Requirements

The following requirements need to be met before this drug is covered by Priority Health Medicare. These requirements have been approved by the Centers for Medicare and Medicaid Services (CMS), but you may ask us for an exception if you believe one or more of these requirements should be waived.

1. Diagnosis of hypogonadism
2. Male gender
3. Must have prior use of a generic testosterone product, either injectable or topical, for a minimum of 2 months
4. Must have a serum total testosterone test result of 300 ng/dL or less on two different dates in the previous 12 months
5. Must have clinical signs and symptoms consistent with androgen deficiency
6. Must be screened for prostate cancer before starting therapy and routinely while on therapy
    a. Required for men over age 50
    b. Required for men over age 40 who are African-American or have a family history of prostate cancer

All fields must be complete and legible for review. Your office will receive a response via fax.
Updated 11/2017
Last reviewed 11/2019

PriorityHealth

Medically accepted indication

This drug is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- —— *or* —— supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information and the DRUGDEX Information System)

Priority Health Precertification Documentation

A. What is the patient's diagnosis?

☐ Hypogonadism
☐ Other, the patient's condition is: _____

B. What generic injectable or topical testosterone has the patient tried?

☐ _____
☐ None

C. Provide serum total testosterone lab results for two different dates:

Lab Date	Result	Interpretation		
_____	_____ ng/dL	☐ high	☐ low	☐ within normal limits
_____	_____ ng/dL	☐ high	☐ low	☐ within normal limits

D. What signs and symptoms of hypogonadism does the patient have?

☐ Decrease in energy
☐ Decrease in muscle mass
☐ Difficulty concentrating
☐ Fatigue
☐ Gynecomastia
☐ Hot flashes
☐ Other: _____

E. If appropriate based on risk factors and patient's age, has the patient been screened for prostate cancer?

☐ Yes ☐ No

Priority Health Medicare exception request

Do you believe one or more of the prior authorization requirements should be waived? ☐ Yes ☐ No
If yes, you must provide a statement explaining the medical reason why the exception should be approved.

Would Aveed likely be the most effective option for this patient?

☐ No
☐ Yes, because: _____

_____

If the patient is currently using Aveed, would changing the patient's current regimen likely result in adverse effects for the patient?

☐ No
☐ Yes, because: _____

_____

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Updated 11/2017
Last reviewed 11/2019