

Sterling Retiree Rx Prior Authorization Form

TESTOSTERONES, TESTIM, ANDRODERM, ANDROGEL

Coverage Criteria / Required Medical Information

FDA approved indication not otherwise excluded from Part D.

Prior to start of testosterone therapy, patient has a confirmed low testosterone level (total testosterone less than 300 ng/dL; free or bioavailable testosterone less than 5 ng/dL) or absence of endogenous testosterone.

Exclusion Criteria

Female gender; prostate cancer; breast cancer

Member Information

Name					
Enrollment/Card-holder ID Number					
Group/Plan		Male		Female	
Date of Birth		Age		Weight in Kg	
Street Address					
City		State		Zip	

Physician Information

Name					
Agent		Contact Name			
Specialty/Office					
Clinic Name					
Street Address					
City		State		Zip	
Phone		Fax			

Requested Drug

	Reason for Request	
Condition/Diagnosis Related		

Clinical Drug/Lab History Pertinent to Request

Labs: Baseline/Ongoing	Strength/Dosage		
Formulary Alternative(s) Attempted?	Yes:		No:
Please List Alternative Formulary Drugs			

Comments	
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