

Today's Date:

∏No

**Only** the prescriber may complete this form for prospective reviews.

The following documentation is **<u>REQUIRED</u>**. Incomplete forms will be returned for additional information. For formulary information please visit NebraskaBlue.com. *Start saving time by filling out this preauthorization form electronically at* MedicalPolicy.NebraskaBlue.com.

#### What is the priority level of this request?

Standard review - Completed within 15 calendar days of receipt.

Expedited/Urgent review - If the standard time period for a decision could seriously jeopardize the life or health of patient could not be adequately managed; completed within 72 hours of receipt.

## **Patient and Insurance Information**

Patient First Name:	Patient Last Name:	Middle Initial:	Date of Birth (mm/dd/yyyy):
Patient Address:	City, State, ZIP	Member ID Num	ber:

# **Prescriber Information**

Prescriber Name:	Prescriber	NPI:	Specialty:		Contact Name:
Clinic Name:		Clinic Address:			•
City, State, ZIP:		Clinic Phone Number:		Secure Fax Num	iber:

### PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT SHOULD BE CONSIDERED WITH THIS REQUEST

Patient's Diagnosis-ICD c	code plus description:	
Medication Requested: _		
Dosage Requested: _		

1. Is the patient currently treated with the requested medication?....

If yes, please indicate baseline testosterone level, with date and time obtained:	
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	Total Testosterone:	Date obtained:	Time obtained:
lf no	o, please indicate 2 Total Testosterone le	vels, with dates and times obtained:	
#	I Total Testosterone:	Date obtained:	Time obtained:

#2 Total Testosterone:	Date obtained:	Time obtained:
Please list clinical symptoms of androgen deficiency:		

Renewal Criteria:

Т

Tota	I Testosterone:
11010	

Date obtained:

Time obtained:

5. Additional clinical information:

#### Please fax or mail this form to: Blue Cross and Blue Shield of Nebraska Pharmacy Department - UM PO Box 3248 Omaha, NE 68180-0001

Toll Free Fax: 877-232-6726 Phone: 877-999-2374 89-184 (10-12-21) Blu **CONFIDENTIALITY NOTE:** The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by phone, and return the original message to us at the mailing address to the left.

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