



## Androgel

**Express Scripts  
Prior Authorization  
Phone 1-844-424-8886  
Fax 1-877-251-5896**

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: [medicarepartdparequests@express-scripts.com](mailto:medicarepartdparequests@express-scripts.com)

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
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**SECTION A**    Please answer the following questions

1.     Yes     No    Is the requested medication a new therapy start? *(If "No," proceed to question 3).*
2.     Yes     No    Is the average pre-treatment serum testosterone concentration less than 300 ng/dL?
3.     Yes     No    Is Androgel being used in men with carcinoma of the breast or known or suspected prostate cancer?
4.     Yes     No    Is Androgel being used in women who are or may become pregnant, or who are breastfeeding?
5.     Yes     No    Is the diagnosis or indication for treatment of primary hypogonadism (congenital or acquired testicular failure due to conditions such as cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, orchiectomy, Klinefelter's syndrome, chemotherapy, toxic damage from alcohol or heavy metals, etc.) in adult males?
6.     Yes     No    Is the diagnosis or indication for treatment of hypogonadotropic hypogonadism (congenital or acquired, e.g., gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency, pituitary-hypothalamic injury from tumors, trauma, or radiation, etc.) in adult males?
7.     Yes     No    Is the member 18 years or older?

**Please document the symptoms and/or any other information important to this review:**

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**SECTION B**    Physician Signature

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PHYSICIAN SIGNATURE

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DATE

**FAX COMPLETED FORM TO: 1-877-251-5896**

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.villagehealthca.com>