

Insurance Coverage Worksheet for Testosterone Replacement Therapy

You may be helped by testosterone replacement therapy. Before we start, we must know which medications are covered by your insurance plan. This worksheet will help prevent delays in getting your prescriptions. The instructions below explain how to use this form to get some information from your insurer. We will talk with you about your insurer's answers at your next appointment.

Don't fax this form to our office. Keep it during your therapy because we will use this coverage information again if we need to change your medications. This form is not part of your medical records.

1. Tell your insurer you need information about the medications they cover for a diagnosis of hypogonadism. The ICD-10 diagnostic code is E29.1.
2. Please read them the names of each medication. Ask if it's covered. Mark the answer in the Covered columns.
3. Ask if they will give you a 30-day supply, a 90-day supply, or either. Mark the answers in the Supply columns. If it's both, mark both columns.
4. Ask if that medication needs a Prior Authorization (PA) form. Mark the answer in the PA columns. We may choose a medication for you that you marked "yes" in the PA column. If so, ask your insurer to fax the PA form for that medication to the Urology office at 504-988-7655.

Covered		Supply		PA		
Yes	No	30	90	Yes	No	
						Clomiphene Citrate 50 mg tablets
						Natesto Nasal Spray 2 Pump actuations; 1 actuation per nostril
						Androderm Patch
						AndroGel 1.62% Gel Pump (testosterone 20.25 mg / 2.5 g gel)
						AndroGel 1.62% Gel Packets (testosterone 20.25 mg / 2.5 g gel)
						AndroGel 1% Gel Pump (testosterone 50 mg / 5 g gel)
						AndroGel 1% Gel Packets (testosterone 50 mg / 5 g gel)
						Testim 1% Gel (testosterone 50 mg / 5 g)
						Axiron 2% Solution Pump (30 mg of testosterone per 1.5 mL)
						Fortesta 2% Gel Pump (Testosterone 10mg/0.5g actuation; metered-dose pump)
						Vogelxo Gel Tube (testosterone 50 mg / 5 g gel)
						Vogelxo Gel Packets (testosterone 50 mg / 5 g gel)
						Vogelxo Gel Pump (testosterone 12.5 mg / 1.25g gel, 75 g)
						Testosterone Cypionate (depo testosterone) 200 mg/mL intramuscular injections
						Xyosted (testosterone enanthate) subcutaneous auto-injector
						Aveed (testosterone undecanoate) 750 mg/3 ml intramuscular injection
						Testopel (Implantable Testosterone Pellets) 75 mg x 10-12 pellets
						Jatenzo (testosterone undecanoate) oral capsules
						Kyzatrex (testosterone undecanoate) oral capsules
						Tlando (testosterone undecanoate) oral capsules