MC-Rx
Powered by ProCare Rx

**Androgel®, Androderm® Testim®, Vogelxo®, Axiron®**
testosterone

**Ticket #:** _____ **Request Date:** _____ **Request Time:** _____

# PHYSICIAN CERTIFICATION PRIOR AUTHORIZATION FORM

A request for the patient identified below has been made for the dispensing of **testosterone**. Based on recent clinical information, we require more information before this prescription can be paid by the patient's health benefit plan. Please fill out the following information and return to us as indicated below:

| **A. Member Information** | | | |
|---|---|---|---|
| Patient Name: | Plan Name/Plan ID: | | |
| Patient ID: | Patient Date of Birth: | Patient Contact Phone #: | |

| **B. Physician Information** | | | |
|---|---|---|---|
| Physician Name: | Physician Address: | | |
| Physician DEA #: | Physician Phone #: | Physician Fax #: | |
| Drug Name and Strength: | Direction (SIG): | QTY and Days Supply: | NDC # and CGN: |

| **C. Pharmacy Information** | | | |
|---|---|---|---|
| Pharmacy Name: | NABP #: | Pharmacy Phone #: | Pharmacy Fax #: |

**D. Clinical Information (Please fill out the following information: circle all that apply)**

1. Is the patient a male at least 18 years of age? YES NO
2. Have testosterone levels been measured? YES NO
3. Has the patient previously tried intramuscular testosterone? YES NO

   If NO, please list contraindications or reasoning for ineligibility:

   _____

   _____

   _____

**Please submit a copy of laboratory results indicating total testosterone and free testosterone levels.**

| | |
|---|---|
| **Authorized Medical Signature:** | |
| **Telephone:** | **Date:** |

**When Completed Return To:**

MC-Rx Clinical Division, 1267 Professional Parkway, Gainesville, GA 30507
1-866-965-Drug (3784) / Fax # 866-999-7736

**Please note that this form is to be completed by the prescribing physician. This form and its contents are permissible under HIPAA as the protected health information (PHI) contained in this letter is only being used for purposes related to the provision of treatment, payment and healthcare operations (TPO). HIPAA does restrict the communication of PHI with providers for TPO related purposes.