



MEDICARE FORM

Trelstar® (triptorelin pamoate)

Medication Precertification Request

Page 1 of 3

(All fields must be completed and legible for precertification review.)

For Medicare Advantage Part B:
For other lines of business:
Please use commercial form.

Note: Trelstar is non-preferred.
The preferred product is Eligard.
Eligard does not require
precertification.

Would you like to use electronic prior authorization? Consider using **Availity**, our electronic prior authorization portal. Learn more about **Availity** from the links in the table below.

For phone or fax requests, refer to the table below for routing information. To determine which box to use, refer to the patient's Aetna ID card. State specific special needs and Medicare-Medicaid Plans may be designated on the front of the ID card or in the website URL on the back of the card. If you don't see your specific plan listed, call the number on the back of the member's ID card to confirm routing information.

<p>For Aetna Medicare Advantage and Allina Health Aetna Medicare members send request to:</p> <p>Phone: 1-866-503-0857 (TTY: 711)</p> <p>Fax: 1-844-268-7263</p> <p>Availity: https://www.aetna.com/health-care-professionals/resource-center/availity.html</p>
<p>For Aetna Medicare Advantage Virginia Dual Eligible Special Needs Plans (HMO D-SNP) send request to:</p> <p>Phone: 1-855-463-0933</p> <p>Fax: 1-833-280-5224</p> <p>Availity: https://www.aetnabetterhealth.com/virginia-hmosnp/providers/portal</p>
<p>For Aetna Assure Premier Plus Medicare Advantage New Jersey Dual Eligible Special Needs Plans (HMO D-SNP) send request to:</p> <p>Phone: 1-844-362-0934</p> <p>Fax: 1-833-322-0034</p> <p>Availity: https://www.aetnabetterhealth.com/new-jersey-hmosnp/providers/portal.html</p>
<p>For Aetna Better Health of Illinois Premier Medicare Medicaid Plan (MMP) send request to:</p> <p>Phone: 1-866-600-2139</p> <p>FAX: 1-855-320-8445</p> <p>Availity: https://www.aetnabetterhealth.com/illinois/providers/portal</p>
<p>For Aetna Better Health of Ohio Premier Medicare Medicaid Plan (MMP) send request to:</p> <p>Phone: 1-855-364-0974</p> <p>Fax: 1-855-734-9389</p> <p>Availity: https://www.aetnabetterhealth.com/ohio/providers/portal</p>
<p>For Aetna Better Health of Michigan Premier Medicare Medicaid Plan (MMP) send request to:</p> <p>Phone: 1-855-676-5772</p> <p>Fax: 1-844-241-2495</p> <p>Availity: https://www.aetnabetterhealth.com/michigan/providers/portal.html</p>



MEDICARE FORM

Trelstar® (triptorelin pamoate) Medication Precertification Request

Page 2 of 3

(All fields must be completed and legible for precertification review.)

For Medicare Advantage Part B: For other lines of business: Please use commercial form.

Note: Trelstar is non-preferred. The preferred product is Eligard. Eligard does not require precertification.

Please indicate: Start of treatment: Start date / / Continuation of therapy, Date of last treatment / /

Precertification Requested By: Phone: Fax:

A. PATIENT INFORMATION

Form section A: Patient Information. Fields include First Name, Last Name, DOB, Address, City, State, ZIP, Home Phone, Work Phone, Cell Phone, Email, Patient Current Weight, Patient Height, Allergies.

B. INSURANCE INFORMATION

Form section B: Insurance Information. Fields include Aetna Member ID #, Group #, Insured, Medicare status, Medicaid status, and other coverage information.

C. PRESCRIBER INFORMATION

Form section C: Prescriber Information. Fields include First Name, Last Name, Address, City, State, ZIP, Phone, Fax, St Lic #, NPI #, DEA #, UPIN, Office Contact Name, and Phone.

Specialty (Check one): Oncologist Endocrinologist Other:

D. DISPENSING PROVIDER/ADMINISTRATION INFORMATION

Form section D: Dispensing Provider/Administration Information. Divided into Place of Administration and Dispensing Provider/Pharmacy sections with various checkboxes and text fields.

E. PRODUCT INFORMATION

Request is for: Trelstar (triptorelin pamoate) Dose: Frequency:

F. DIAGNOSIS INFORMATION - Please indicate primary ICD code and specify any other where applicable.

Primary ICD Code: Secondary ICD Code: Other ICD Code:

G. CLINICAL INFORMATION - Required clinical information must be completed in its entirety for all precertification requests.

Form section G: Clinical Information. Includes initiation request notes, questions about prior therapy, trial and failure of Eligard, adverse reactions, and gender dysphoria information.

Continued on next page



MEDICARE FORM

Trelstar® (triptorelin pamoate) Medication Precertification Request

Page 3 of 3

(All fields must be completed and legible for precertification review.)

For Medicare Advantage Part B: For other lines of business: Please use commercial form.

Note: Trelstar is non-preferred. The preferred product is Eligard. Eligard does not require precertification.

Patient First Name Patient Last Name Patient Phone Patient DOB

G. CLINICAL INFORMATION (continued) – Required clinical information must be completed in its entirety for all precertification requests.

For Initiation Requests continued (clinical documentation required for all requests):

- Preservation of ovarian function
Endometrial hyperplasia
Endometriosis/Uterine leiomyoma
Fibrocystic breast changes
Breast cancer
Prostate cancer

For Continuation Requests (clinical documentation required for all requests):

- Gender dysphoria
Preservation of ovarian function
Prostate cancer

H. ACKNOWLEDGEMENT

Request Completed By (Signature Required): Date:

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

The plan may request additional information or clarification, if needed, to evaluate request.