



MEDICARE FORM

Trelstar® (triptorelin pamoate) Medication Precertification Request

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

For Medicare Advantage Part B:

FAX: 1-844-268-7263

PHONE: 1-866-503-0857

For other lines of business:

Please use other form

Note: Trelstar is non-preferred.

The preferred product is Eligard.

Firmagon is also a preferred product.

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 Specialty.

D. DISPENSING PROVIDER/ADMINISTRATION INFORMATION

Form section D: Dispensing Provider/Administration Information. Divided into Place of Administration and Dispensing Provider/Pharmacy details.

E. PRODUCT INFORMATION

Form section E: Product Information. Fields include Request is for: Trelstar (triptorelin pamoate) Dose and Frequency.

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

Form section F: Diagnosis Information. Fields include Primary ICD Code, Secondary ICD Code, and Other ICD Code.

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

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

Form section G: Clinical Information. Includes checkboxes for Gender dysphoria, Preservation of ovarian function, and Prostate cancer, along with detailed questions and a note about preferred products.

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