Prior Authorization Request Form for **Estradiol**
(Vials/tablets/transdermal patches/gel)

JOHNS HOPKINS
HEALTH PLANS
7231 Parkway Drive, Suite 100
Hanover, MD 21076

Fax completed form and applicable progress notes to: (410) 424-4037

USFHP Pharmacy Prior Authorization Form

To be completed by requesting provider	
Drug Name:	Strength:
Dosage/Frequency (SIG):	Duration of Therapy:

Questions? Contact the Pharmacy Dept at (888) 819-1043, option 4

Clinical Documentation must accompany form in order for a determination to be made.

Prior authorization does not expire.

Step 1 **Please complete patient and physician information** (please print):

Patient Name: _____ Physician Name: _____
Address: _____ Address: _____
_____ _____
Sponsor ID # _____ Phone #: _____
Date of Birth: Secure Fax #:

Step 2 **Please complete the clinical assessment:**

1. What is the patient's sex?	☐ Male – Proceed to question **2** ☐ Female – **Prior authorization is not required**
2. How old is the patient?	☐ 18 years of age or younger – Proceed to question **3** ☐ 19 years of age or older – Proceed to question **4**
3. What is the indication or diagnosis?	☐ Treatment of male to female hormone therapy in a natal male patient – **STOP - Coverage not approved** ☐ Other diagnosis - **Sign and date below**
4. What is the indication or diagnosis?	☐ Initiation of male to female hormone therapy in a natal male patient – Proceed to question **5** ☐ Continuation of male to female hormone therapy in a natal male patient – **Sign and date below** ☐ Other diagnosis - **Sign and date below**
5. Is the patient a male active duty servicemember?	☐ Yes (Male active duty servicemembers) – **STOP - Coverage not approved** ☐ No (Male non-active duty servicemembers) - **Sign and date below**

Step 3 **I certify the above is true to the best of my knowledge.** Please sign and date:

_____ _____
Prescriber Signature Date

[26 May 2025]

For Internal Use Only	
☐ Approved:	Duration of Approval: _____month(s)
☐ Denied:	Authorized By:
☐ Incomplete/Other:	PA#:
Date Faxed to MD:	Date Decision Rendered: