

**PREAUTHORIZATION FORM**  
 Chorex, Novarel, Ovidrel, Pregnyl, Profasi  
 (chorionic gonadotropin)

**Therapeutic use:** Exerts similar effects to luteinizing hormone, activating the production of gonadal steroid hormones to produce androgens and progesterone

**Quantity Limit:** Varies depending on product requested

**Authorization Period:** 12 months

Patient's name \_\_\_\_\_

Patient's ID#           DOB   /   /

ICD-9

Physician's name \_\_\_\_\_

Physician's Ph# (    )    -     Fax#    -

Physician's signature \_\_\_\_\_ Date signed   /   /

Supervising Physician's name \_\_\_\_\_ (Required if requesting provider is a nurse practitioner or physician assistant)

Please check "Yes" or "No" and respond to the following requests:			
1.	Which drug is being requested? <input type="checkbox"/> Chorex <input type="checkbox"/> Novarel <input type="checkbox"/> Ovidrel <input type="checkbox"/> Pregnyl <input type="checkbox"/> Profasi		
2.	What is the medication being used for? <input type="checkbox"/> Hypogonadotropic hypogonadism <input type="checkbox"/> Cryptorchidism <input type="checkbox"/> Male oligospermia <input type="checkbox"/> Ovulation induction for infertility <input type="checkbox"/> Other: _____		
3.	If this patient is being treated for hypogonadotropic hypogonadism, has this patient failed testosterone replacement therapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**This form is intended for SelectHealth members only. All requests for preauthorization should be sent via fax to 1-801-442-3006. Missing, inaccurate, or incomplete information may cause a delay or denial of authorization.**