

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

Lupron Depot® & Lupron Depot-Ped® Prior Authorization Request Form (Page 1 of 2)

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| Member Information (required) | | | Provider Information (required) | | |
|-------------------------------|--------|------|---------------------------------|------------|------|
| Member Name: | | | Provider Name: | | |
| Insurance ID#: | | | NPI#: | Specialty: | |
| Date of Birth: | | | Office Phone: | | |
| Street Address: | | | Office Fax: | | |
| City: | State: | Zip: | Office Street Address: | | |
| Phone: | | | City: | State: | Zip: |

| Medication Information (required) | | |
|---|---------------------|--------------|
| Medication Name: | Strength: | Dosage Form: |
| <input type="checkbox"/> Check if requesting brand | Directions for Use: | |
| <input type="checkbox"/> Check if request is for continuation of therapy | | |

| Clinical Information (required) |
|---|
| <p>Select the diagnosis below:</p> <p><input type="checkbox"/> Central precocious puberty (CPP) - idiopathic or neurogenic (pediatric formulation only)</p> <p><input type="checkbox"/> Endometriosis (Lupron Depot 3.75 mg and 11.25 mg strengths only)</p> <p><input type="checkbox"/> Gender identity disorder</p> <p><input type="checkbox"/> Prostate cancer (Lupron Depot 7.5 mg, 22.5 mg, 30 mg and 40 mg strengths only)</p> <p><input type="checkbox"/> Uterine Leiomyomata (fibroids) (Lupron Depot 3.75 mg and 11.25 mg strengths only)</p> <p><input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____</p> |
| <p>For central precocious puberty, answer the following:</p> <p>Did the onset of early secondary sexual characteristics occur in the patient at < 8 years of age if female or < 9 years of age if male? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the patient have advanced bone age of at least one year compared with chronological age? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the patient undergone gonadotropin-releasing hormone agonist (GnRHa) testing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the patient have a peak luteinizing hormone (LH) level above pre-pubertal range? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the patient have a random LH level in pubertal range? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the patient have suspected tumors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Select if the patient has had the following diagnostic evaluations to rule out tumors, when suspected:</p> <p><input type="checkbox"/> Diagnostic imaging of the brain (MRI or CT scan) (in patients with symptoms suggestive of brain tumor or in those 6 years of age or younger)</p> <p><input type="checkbox"/> Pelvic/testicular/adrenal ultrasound (if steroid levels suggest suspicion)</p> <p><input type="checkbox"/> Adrenal steroids to rule out congenital adrenal hyperplasia (when pubarche precedes thelarche or gonadarche)</p> <p>Is Lupron Depot-Ped prescribed by or in consultation with a pediatric endocrinologist? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Reauthorization:</p> <p>Have the patient's LH levels been suppressed to pre-pubertal levels? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is Lupron Depot-Ped prescribed by or in consultation with a pediatric endocrinologist? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>For prostate cancer, answer the following:</p> <p>Does the patient have advanced or metastatic disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Reauthorization:</p> <p>Does the patient show evidence of progressive disease while on therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

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For endometriosis, answer the following:

Select if the patient has history of inadequate pain control response following a trial of at least 6 months, or history of intolerance or contraindication to the following:

- Danazol
- Combination (estrogen/progesterone) oral contraceptive
- Progestins

Has the patient had surgical ablation to prevent recurrence? Yes No

Reauthorization:

Does the patient have recurrence of symptoms following a trial of at least 6 months with leuprolide acetate? Yes No

Will Lupron Depot be used in combination with norethindrone 5 mg daily, other "add-back" sex-hormones, or other bone-sparing agents? Yes No

For gender identity disorder, answer the following:

Is the patient using Lupron Depot/Lupron Depot-Ped for suppression of puberty? Yes No

Does the patient have demonstrable knowledge of what Lupron Depot/Lupron Depot-Ped medically can and cannot do and their social benefits and risks? Yes No

Is there documentation the patient has had real-life experience (living as the other gender) for at least 3 months prior to the administration of Lupron Depot/Lupron Depot-Ped? Yes No

Has the patient had a period of psychotherapy of a duration specified by the mental health professional after the initial evaluation (usually a minimum of 3 months)? Yes No

Does the patient have characteristics that meet the definition of gender identity disorder (see characteristics listed below)? Yes No

- A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex)
- Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex
- The disturbance is not concurrent with a physical intersex condition
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
- The transsexual identity has been present persistently for at least two years
- The disorder is not a symptom of another mental disorder or chromosomal abnormality

For uterine leiomyomata (fibroids), answer the following:

Is Lupron Depot being used prior to surgery to reduce the size of fibroids to facilitate a surgical procedure (e.g., myomectomy, hysterectomy)? Yes No

Is Lupron Depot being used for the treatment of anemia? Yes No

Is the anemia caused by uterine leiomyomata (fibroids)? Yes No

Has the patient tried and had an inadequate response to at least 1 month of monotherapy with iron? Yes No

Will Lupron Depot be used in combination with iron therapy? Yes No

Is Lupron Depot being used prior to surgery? Yes No

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Authorized Medical Signature:

Telephone:

Date:

When Completed Return To:

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

Please note: This request may be denied unless all required information is received.

Please note that this form is to be completed by the prescribing physician. This document and others, if attached, contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. 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). Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. If you are not the intended recipient, please notify the sender immediately.

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