



Send completed form to:
 Peach State Health Plan Pharmacy Department
Fax: 1-866-374-1579

Lupron

Prior Authorization Request

This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form toll-free to Peach State Health Plan at 1-866-374-1579.** If you have questions regarding the prior authorization, eligibility, drug copay or medication delivery; please contact Peach State Health Plan at **1-800-514-0083 option # 2.**

Patient Name: _____ **Date:** _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____
Physician Office Address: _____

- Which drug is being prescribed?
 Leuprolide acetate Lupron Depot 7.5mg Lupron-PED Depot 7.5mg
 Lupron Depot 3.75mg Lupron Depot 22.5mg Lupron-PED Depot 11.25mg
 Lupron Depot 11.25mg Lupron Depot 30mg Lupron-PED Depot 15mg
 Other _____
- What is the diagnosis?
 Prostate cancer Chronic Refractory Pelvic Pain
 Uterine Leiomyomata Endometriosis
 Central Precocious Puberty (CPP) Other _____
- What is the ICD-9 Code? _____
- What is the medical specialty of the prescribing physician?
 Oncologist Urologist Gynecologist Pediatric Endocrinologist Other _____

Complete the following Section designated for the patient's diagnosis (Sections A-E)

SECTION A: Diagnosis Endometriosis

- Has the patient had a negative pregnancy test? Yes No **(Fax current Pap smear)**
- Has the patient been evaluated for other causes of pelvic pain (e.g., gastrointestinal/genitourinary etiologies, pelvic inflammatory disease)? Yes No
- Has the patient previously received treatment with Lupron? Yes No
- If diagnosis of endometriosis has been confirmed surgically, was the surgery done within the last year?
 Yes No **(Attach operative notes and any pathology notes)**
- If diagnosis of endometriosis has been clinically diagnosed, **attach documentation** describing the nature and duration of the problem, previous therapeutic attempts, and physical exam.
- Does the patient have symptoms that are consistent with endometriosis? Yes No

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Patient Name: _____ Patients Date of Birth: _____
Patients ID : _____

11. Has the patient had at least 3 months of trial and failed hormone therapy in combination with non-steroidal anti-inflammatory drug (NSAID) treatment for pain in the past year? Yes No

12. Was the patient adherent to prescribed regimens? Yes No

13. **Attach progress notes with documentation** of lack of symptom control coinciding with therapy.

Only answer questions # 14-17 if patient has previously received or is currently receiving Lupron.

14. Has the patient completed an initial 6 months of therapy? Yes No

15. If yes, will add-back of hormonal therapy (e.g. norethindrone acetate) be added to Lupron therapy?
 Yes No

16. How long has it been since patient received treatment with Lupron? _____ years

17. **Attach documentation** of the time period Lupron was used and description of the degree of symptom resolution

SECTION B: Diagnosis Prostate Cancer

18. What is the current stage of prostate cancer? Stage III or IV Other _____

19. Is the patient currently receiving the prescribed therapy? **If Yes, Skip to # 22* Yes No

20. If the prescribing physician is not an oncologist, is the physician under consultation of an oncologist?
 Yes No

21. Is an orchiectomy an option for initial treatment? Yes No

Only answer questions # 22-23 if patient has previously received or is currently receiving Lupron

22. Is the patient experiencing disease progression? Yes No

23. What is the patient's prostate specific antigen (PSA) level? _____ **(Fax copy of results)**

SECTION C: Diagnosis Chronic Refractory Pelvic Pain

24. Has the patient had a negative pregnancy test? Yes No

25. Is the patient currently receiving Lupron therapy? **If Yes, Skip to # 30* Yes No

26. Has the diagnostic laparoscopy been performed? Yes No

27. Has the patient been evaluated for other causes of pelvic pain (e.g., gastrointestinal/genitourinary etiologies, pelvic inflammatory disease)? Yes No

28. Has the patient tried and failed non-steroidal therapy and combined hormonal (estrogen-progesterone) therapy? Yes No

29. Was the patient able to adequately relieve pain with analgesics? Yes No

Only answer question # 30 if patient has previously received or is currently receiving Lupron

30. Has the patient experienced an improvement in symptom relief (e.g., reduction in pain, improved ability to perform daily life functions, less reliance on NSAID or narcotic pain medications)?

(Fax copy of progress notes)

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SECTION D: Diagnosis is Central Precocious Puberty (CPP)

31. Is therapy prescribed by AND will patient be monitored by a pediatric endocrinologist?
 Yes No
32. Is the patient currently receiving the prescribed therapy for CPP? **If Yes, Skip to # 37* Yes No
33. Has the patient been ruled out for any type of tumor with MRI of brain or CT of brain if MRI is contraindicated? Yes No
34. Does the patient have an advanced bone age of greater than 1 year advanced age? Yes No
35. Does the patient have elevated basal luteinizing hormone (LH) level and/or elevated leuprolide stimulated LH level (greater than 5 IU/D)? Yes No
36. How old was the patient *at the onset* of secondary sexual characteristics? _____ years
37. What is the patient's **current** age? _____ years, _____ months
38. What is the patient's gender: Female Male (*Complete appropriate Gender section below*)

FEMALE CPP Patient:

39. Does the patient have an early onset of advanced pubertal staging as evidenced by breast development or menses? Yes No
40. Does the patient have pubertal basal or stimulated estradiol levels? Yes No

MALE CPP Patient:

41. Does the patient have an early onset of advanced pubertal staging as evidenced by testicular enlargement? Yes No
42. Does the patient have pubertal basal or stimulated testosterone levels? Yes No

SECTION E: Diagnosis is Uterine Leiomyomata

43. Has the surgical procedure been pre-approved? Yes No
44. Is the surgery scheduled at least 6 weeks from Lupron request and no later than 6 months from completion of Lupron course? Yes No
45. Is Lupron being prescribed to reduce the volume of the leiomyomata to allow for less invasive surgery defined as vaginal or laparoscopy? Yes No
46. Has the patient had a negative pregnancy test? Yes No (**Fax current ultrasound report**)
47. Does the patient have any degree of anemia that necessitates an amenorrheic state? Yes No
48. **If yes, attach a hematocrit or hemoglobin level.**
49. Has the patient received a total of 3 months of therapy with Lupron? Yes No

****NOTE: We can NOT make a decision without a copy of lab results or supporting documentation****

Information given on this form is accurate as of this date:

X _____
Prescriber or Authorized Signature **Date (mm/dd/yy)**

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