



Please complete ALL information below and fax your request to 1-888-671-5285

Leuprolide acetate 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 generic substitution is acceptable			Directions for Use:		
<input type="checkbox"/> Check if request is for continuation of therapy					
Clinical Information (required)					
<p>Select the diagnosis below:</p> <input type="checkbox"/> Central precocious puberty (idiopathic or neurogenic) <input type="checkbox"/> Gender dysphoria <input type="checkbox"/> Infertility <input type="checkbox"/> Prostate cancer <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
<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> <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 <input type="checkbox"/> Pelvic/testicular/adrenal ultrasound (if steroid levels suggest suspicion) <input type="checkbox"/> Adrenal steroids to rule out congenital adrenal hyperplasia (when pubarche precedes thelarche or gonadarche) <p>Is leuprolide acetate 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 leuprolide acetate prescribed by or in consultation with a pediatric endocrinologist? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>For infertility, answer the following:</p> <p>Will leuprolide acetate be used as part of an assisted reproductive technology (ART) protocol? <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>Has the patient had trial and failure, contraindication, or intolerance to Lupron Depot (7.5 mg, 22.5 mg, 30 mg, or 45 mg)? <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 gender dysphoria, answer the following:

Is the patient using leuprolide acetate for suppression of puberty? Yes No

Does the patient have a diagnosis of gender dysphoria, as defined by the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM)? 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?

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