

Leuprolide Hormonal Therapy

Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. 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 to CVS Caremark toll-free at 1-855-330-1720**. If you have questions regarding the prior authorization, please contact CVS Caremark at **1-888-877-0518**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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Patient's Name:	Date:
Patient's ID:	Patient's Date of Birth:
Physician's Name:	
Specialty:	NPI#:
Physician Office Telephone:	Physician Office Fax:
Referring Provider Info: 🗖 Same as I	Requesting Provider
Name:	NPI#:
Fax:	Phone:
	Referring Provider Same as Requesting Provider
Name:	NPI#:
Fax:	Phone:
	ect to dosing limits in accordance with FDA-approved labeling, mpendia, and/or evidence-based practice guidelines.
Required Demographic Information:	
Patient Weight:	kg
Patient Height:	ст

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	teria Questions:		
1.	Which drug and strength is being prescribed? □ Lupron Depot 7.5 mg □ Lupron Depot-3 month 22.5 mg □ Lupron Depot-4 month 30 mg □ Lupron Depot-6 month 45 mg □ Lupron Depot 3.75 mg □ Lupron Depot-3 month 11.25 mg □ Lupron Depot-3 month 11.25 mg □ Eligard 1 month 7.5mg □ Eligard 3 month 22.5mg □ Eligard 4 month 30mg □ Eligard 6 month 45mg □ Other	☐ Lupron Depot-PED 7.5 mg ☐ Lupron Depot-PED 11.25 mg ☐ Lupron Depot-PED 15 mg ☐ Lupron Depot-PED 30 mg ☐ Lupaneta Pack ☐ leuprolide kit	
	Indicate prescribed dose and frequency:		
2.	What is the requested drug being used for? ☐ Uterine leiomyomata (fibroids) ☐ Endometriosis ☐ Prostate cancer ☐ Fallopian tube cancer ☐ Central precocious puberty (CPP) ☐ Other	☐ Epithelial ovarian cancer ☐ Breast cancer ☐ Primary peritoneal cancer ☐ Malignant sex cord-stromal tumor ☐ Gender Dysphoria	
3.	What is the ICD-10 code?		
Cor	nplete the following section based on the patient's diago	nosis, if applicable.	
	 ection A: Central Precocious Puberty Has the diagnosis of central precocious puberty been confirmed by a pubertal response to a GnRH (gonadotropin releasing hormone) agonist test <u>or</u> a pubertal level of a third generation LH (luteinizing hormone) assay? Yes No 		
5.	Does the assessment of bone age versus chronological age support the diagnosis of central precocious puberty? Yes INO		
6.	How old was the patient AT THE ONSET of secondary sexual characteristics? years		
	tion B: Uterine Leiomyomata (Fibroids) Has the patient received previous therapy with Lupron I ☐ Yes ☐ No If No, skip to #9	Depot or Lupaneta Pack?	
8.	How long has the patient received prior therapy with Lupron Depot and Lupaneta Pack? months		
9.	Does the patient have a diagnosis of anemia? If Yes, no further questions \(\text{Yes}\) Yes \(\text{No}\)		
10.	Will prescribed agent be used prior to surgery for uterin	e leiomyomata (fibroids)? 🗖 Yes 📮 No	
	tion C: Endometriosis Has the patient received previous therapy with Lupron I Yes No If No, no further questions	Depot or Lupaneta Pack?	
12.	How long has the patient received previous therapy with	n Lupron Depot and Lupaneta Pack? month	
	tion D: Gender Dysphoria What is the patient's physical developmental stage? Patient has NOT completed puberty Patient has of	completed puberty, skip to #16	

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-855-330-1720

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CVS Caremark Specialty Pharmacy

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Prescriber or Authorized Signature	Date (mm/dd/yy)	
I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.		
19. Will the prescribed agent be used for palliative treatment of ad	vanced prostate cancer? ☐ Yes ☐ No	
18. Is the prescribed agent prescribed for ovarian suppression in a Section F: Prostate Cancer	premenopausal woman? Yes No	
Section E: Breast Cancer		
 16. Is the patient undergoing gender reassignment? ☐ Yes ☐ N 17. Will the patient receive prescribed agent concomitantly with contents. 		
□ I □ II □ III □ IV □ V □ Unknown No further que		
15. Which Tanner Stage of puberty has the patient reached?		
14. Is prescribed agent prescribed for pubertal suppression in prep☐ Yes☐ No	aration for gender reassignment (male to female)?	

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