



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

Visit go.covermymeds.com/OptumRx to begin using this free service.

Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

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

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

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)

Select the diagnosis below:

- Central precocious puberty (CPP) - idiopathic or neurogenic
- Endometriosis
- Gender dysphoria
- Prostate cancer
- Uterine Leiomyomata (fibroids)
- Other diagnosis: _____ ICD-10 Code(s): _____

For central precocious puberty, answer the following:

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? Yes No

Does the patient have advanced bone age of at least one year compared with chronological age? Yes No

Has the patient undergone gonadotropin-releasing hormone agonist (GnRHa) testing? Yes No

Does the patient have a peak luteinizing hormone (LH) level above pre-pubertal range? Yes No

Does the patient have a random LH level in pubertal range? Yes No

Does the patient have suspected tumors? Yes No

Select if the patient has had the following diagnostic evaluations to rule out tumors, when suspected:

- 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)
- Pelvic/testicular/adrenal ultrasound (if steroid levels suggest suspicion)
- Adrenal steroids to rule out congenital adrenal hyperplasia (when pubarche precedes thelarche or gonadarche)

Is Lupron Depot-Ped prescribed by or in consultation with a pediatric endocrinologist? Yes No

Reauthorization:

Have the patient's LH levels been suppressed to pre-pubertal levels? Yes No

Is Lupron Depot-Ped prescribed by or in consultation with a pediatric endocrinologist? Yes No

For prostate cancer, answer the following:

Does the patient have advanced or metastatic disease? Yes No

Reauthorization:

Does the patient show evidence of progressive disease while on therapy? Yes No

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. The information in this document is for the sole use of OptumRx. 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.**

Office use only: LupronDepot-LupronDepotPed_Comm_2018May-W



Lupron Depot® & Lupron Depot-Ped®

Prior Authorization Request Form (Page 2 of 2)

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

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 dysphoria, answer the following:

Is the patient using Lupron Depot/Lupron Depot-Ped 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

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?

Please note:

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

For urgent or expedited requests please call 1-800-711-4555.

This form may be used for non-urgent requests and faxed to 1-800-527-0531.

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. The information in this document is for the sole use of OptumRx. 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.**

Office use only: LupronDepot-LupronDepotPed_Comm_2018May-W