

# LUPRON (MEDICARE DETERMINATION)

## PHYSICIAN PRIOR AUTHORIZATION REQUEST FORM BlueCross<sup>®</sup> BlueShield<sup>®</sup> of South Carolina

Patient Information	
Name:	Insurance ID #:
Group #:	Birthdate:

Provider Information	
Physician's Name:	Physician DEA #:
Phone:	Fax:
Office Address:	
Diagnosis:	ICD-9 Code:

### When this form is complete, please fax to Caremark at 888-836-0730.

This fax machine is in a HIPAA-compliant, secure location. On behalf of BlueCross BlueShield of South Carolina, Caremark assists in the administration of prescription drug programs. Caremark is an independent company that provides pharmacy benefits management.

Call Caremark at 800-294-5979 with any questions concerning prior authorization procedures.

- Is the physician purchasing and providing the drug "incident to" physician services?
  - If the requested medication is Lupron, Lupron Depot 7.5mg, Lupron Depot-3 month 22.5mg or Lupron Depot-4 month 30mg, please answer questions 2 through 10.  Y  N
  - If the requested medication is Lupron Depot 3.75mg or Lupron Depot-3 month 11.25mg, please refer to questions 11 through 26.
  - If the requested medication is Lupron Depot-PED, please answer questions 27 through 38.
- Is the patient an adult male?  
[If the answer to this question is no, no further questions are required.]  Y  N
- Is therapy requested as neoadjuvant therapy for treatment of prostate cancer?  
[If the answer to this question is no, skip to question 5.]  Y  N
- Will therapy be used with brachytherapy in patients with high risk disease or to shrink the prostate prior to brachytherapy?  
[No further questions are required.]  Y  N
- Is therapy requested for adjuvant treatment of prostate cancer?  
[If the answer to this question is no, skip to question 7.]  Y  N
- Were positive lymph nodes found at initial prostatectomy?  
[No further questions are required.]  Y  N

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7. Does the patient have a diagnosis of advanced or locally advanced (T3b-4) prostate cancer?  
[If the answer to this question is yes, no further questions are required.]  Y  N
8. Does the patient have a diagnosis of clinically localized prostate cancer?  
[If the answer to this question is no, no further questions are required.]  Y  N
9. Is the patient at intermediate or high risk of recurrence?  
[If the answer to this question is no, no further questions are required.]  Y  N
10. Will the prescribed medication be used in combination with radiation therapy?  Y  N

**For Lupron Depot 3.75mg or Lupron Depot-3 month 11.25mg, please refer to questions 11 through 26.**

11. Is the patient female?  Y  N
12. Is the patient 18 years of age or older?  Y  N
13. Has pregnancy and breast feeding been excluded?  Y  N
14. Does the patient have undiagnosed abnormal vaginal bleeding?  Y  N
15. Does the patient have a diagnosis of uterine fibroids (uterine leiomyomata)?  
[If the answer to this question is no, skip to question 18.]  Y  N
16. Does the patient have a diagnosis of anemia (e.g., hematocrit less than or equal to 30 percent and/or hemoglobin less than or equal to 10 g/dL)?  Y  N
17. Will Lupron be used in conjunction with iron therapy?  
[No further questions are required.]  Y  N
18. Does the patient have a diagnosis of endometriosis?  
[If the answer to this question is no, skip to question 24.]  Y  N
19. Has the patient been treated previously with Lupron for endometriosis?  
[If the answer to this question is no, no further questions are required.]  Y  N
20. Has the patient had a recurrence of symptoms?  
[If the answer to this question is no, no further questions are required.]  Y  N
21. Will the patient take add-back therapy in addition to Lupron?  Y  N
22. Has the patient been determined to have a bone mineral density within normal limits?  Y  N
23. Has the patient had more than one prior course of Lupron therapy for endometriosis?  
[No further questions are required.]  Y  N
24. Does the patient have a diagnosed of chronic pelvic pain?  
[If the answer to this question is yes, no further questions are required.]  Y  N
25. Does the patient have a diagnosis of stage II-IV ovarian granulosa cell tumor?  Y  N
26. Has the patient had a clinical relapse following initial treatment?  Y  N

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**For Lupron Depot-PED, please refer to questions 27 through 38.**

27. Does the patient have a diagnosis of central precocious puberty (CPP) as confirmed by a pubertal response to a gonadotropin-releasing hormone (GnRH) agonist test?  
[If the answer to this question is no, no further questions are required.]  Y  N
28. Is the bone age of the patient advanced one year or more beyond the chronological age of the patient?  
[If the answer to this question is no, no further questions are required.]  Y  N
29. Is the patient currently receiving Lupron Depot-PED?  
[If the answer to this question is yes, skip to question 36.]  Y  N
30. Has appropriate diagnostic imaging of the head been done to exclude an intracranial tumor?  
[If the answer to this question is no, no further questions are required.].  Y  N
31. Have the following been evaluated, if indicated:  
• Adrenal steroid levels to exclude congenital adrenal hyperplasia  
• Appropriate diagnostic imaging to exclude a steroid secreting tumor  
• Beta human chronic gonadotropin level to exclude a chronic gonadotropin secreting tumor (in male patients)  
[If the answer to this question is no, no further questions are required.]  Y  N
32. Is the patient female?  
[If the answer to this question is no, skip to question 35.]  Y  N
33. Was the onset of secondary sexual characteristics prior to eight years of age?  
[If the answer to this question is no, no further questions are required.]  Y  N
34. Has pregnancy been excluded (by history, examination or testing)?  
[If the answer to this question is no, no further questions are required.]  
[If the answer is yes, skip to question 38.]  Y  N
35. Was the onset of secondary sexual characteristics prior to nine years of age?  
[If the answer to this question is no, no further questions are required.]  
[If the answer is yes, skip to question 38.]  Y  N
36. Is the patient female?  
[If the answer to this question is no, skip to question 38.]  Y  N
37. Has pregnancy been excluded (by history, examination or testing)?  
[If the answer to this question is no, no further questions are required.]  Y  N
38. Will discontinuation of therapy be considered before age 11 for female patients and before age 12 for male patients?  Y  N

**Comments:** \_\_\_\_\_

*Information on this form is accurate as of the date below.*

<b>Prescriber's Signature:</b>	<b>Date:</b>
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