

**BRANDED LEUPROLIDE PRODUCTS
MEDICAL BENEFIT ONLY
PRESCRIBER
PRIOR AUTHORIZATION FORM**

**Fax completed form to:
1-844-652-8285**

Patient Information (required)				Provider Information (required)			
Date:				Provider Name and Office Contact:			
Patient Name:				Specialty:		NPI:	
Date of Birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Office Phone:		Office Fax:	
Street Address:				Office Street Address:			
City:		State:	Zip:	City:		State:	Zip:
HCPCS code:				ICD-10:			
Patient ID: R				Physician Signature:			
PHYSICIAN COMPLETES							

BRANDED LEUPROLIDE PRODUCTS

****NOTE:** Form must be completed in its **entirety** for processing. **please check ALL boxes that apply.****

Please select medication below:

- ☐ **Eligard (leuprolide acetate)** ☐ **Fensolvi (leuprolide acetate)** ☐ **Lupron Depot (leuprolide acetate)**
☐ **Camcevi (leuprolide mesylate)**

☐ This is **INITIATION** of therapy (if this is a continuation of therapy proceed to **PAGE 3**)

- ☐ Request is for Eligard, Fensolvi, Lupron Depot, or Camcevi to be administered by a healthcare professional on the medical benefit

Patient's diagnosis is:

- ☐ Gender Dysphoria
☐ Central Precocious Puberty AND **ALL** the following:

- ☐ The request is for Fensolvi or Lupron Depot
☐ The patient is 2 years of age or older
☐ The request is **NOT** for the diagnoses of weight loss, anti-aging effects, performance (athletic enhancement), or erectile/sexual dysfunction

PLEASE CONTINUE TO PAGE 2 FOR ADDITIONAL DIAGNOSES AND PA REQUIREMENTS

PAGE 2 - PHYSICIAN COMPLETES

Patient Name: _____ **DOB:** _____ **Patient ID:** _____

☐ Advanced Prostate Cancer AND **ALL** the following:

- ☐ The request is for Eligard, Lupron Depot, or Camcevi
- ☐ The patient is 18 years of age or older
- ☐ The request is **NOT** for the diagnoses of weight loss, anti-aging effects, performance (athletic enhancement), or erectile/sexual dysfunction

☐ Breast Cancer

- ☐ The request is for Lupron Depot
- ☐ The request is **NOT** for the diagnoses of weight loss, anti-aging effects, performance (athletic enhancement), or erectile/sexual dysfunction

☐ Endometriosis

- ☐ The request is for Lupron Depot
- ☐ The request is **NOT** for the diagnoses of weight loss, anti-aging effects, performance (athletic enhancement), or erectile/sexual dysfunction

☐ Uterine Fibroids

- ☐ The request is for Lupron Depot
- ☐ The request is **NOT** for the diagnoses of weight loss, anti-aging effects, performance (athletic enhancement), or erectile/sexual dysfunction

☐ Infertility

- ☐ The requested product will **NOT** be used in conjunction with assisted reproductive technology (ART) procedures
- ☐ The requested product will be used in conjunction with assisted reproductive technology (ART) procedures (Please pick boxes that apply):
 - ☐ Artificial insemination (AI), including the following: intravaginal insemination (IVI), Intracervical insemination (ICI), Intrauterine insemination (IUI)
 - ☐ In vitro fertilization (IVF), including the following: Embryo transfer and gamete intrafallopian transfer (GIFT), Zygote intrafallopian transfer (ZIFT), Intracytoplasmic sperm injection (ICSI)
- ☐ The request is **NOT** for the diagnoses of weight loss, anti-aging effects, performance (athletic enhancement), or erectile/sexual dysfunction

☐ Other diagnosis (please provide clinical documentation supporting medical necessity)

PLEASE NOTE: Leuprolide may be considered investigational for all other indications.

PLEASE PROCEED TO PAGE 3 FOR CONTINUATION OF THERAPY REQUESTS

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Date:				Provider Name and Office Contact:			
Patient Name:				Specialty:		NPI:	
Date of Birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Office Phone:		Office Fax:	
Street Address:				Office Street Address:			
City:		State:	Zip:	City:		State:	Zip:
HCPCS code:				ICD-10:			
Patient ID:		<div><div>R</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Physician Signature:			
PHYSICIAN COMPLETES							

BRANDED LEUPROLIDE PRODUCTS

****NOTE:** Form must be completed in its **entirety** for processing. **please check ALL boxes that apply.****

Please select medication below:

- ☐ **Eligard (leuprolide acetate)** ☐ **Fensolvi (leuprolide acetate)** ☐ **Lupron Depot (leuprolide acetate)**
☐ **Camcevi (leuprolide mesylate)**

- ☐ This is a PA renewal for **CONTINUATION** of therapy (patient has been on the requested medication within the past **6 months**, excluding samples)

- ☐ Request is for Eligard, Fensolvi, Lupron Depot, or Camcevi to be administered by a healthcare professional on the medical benefit

Patient's diagnosis is:

- ☐ Gender Dysphoria
☐ Central Precocious Puberty AND **ALL** the following:

- ☐ The request is for Fensolvi or Lupron Depot
☐ The patient is 2 years of age or older
☐ The request is **NOT** for the diagnoses of weight loss, anti-aging effects, performance (athletic enhancement), or erectile/sexual dysfunction

PLEASE CONTINUE TO PAGE 4 FOR ADDITIONAL DIAGNOSES AND PA REQUIREMENTS

PAGE 4 - PHYSICIAN COMPLETES

Patient Name: _____ **DOB:** _____ **Patient ID:** _____

☐ Advanced Prostate Cancer AND **ALL** the following:

- ☐ The request is for Eligard, Lupron Depot, or Camcevi
- ☐ The patient is 18 years of age or older
- ☐ The request is **NOT** for the diagnoses of weight loss, anti-aging effects, performance (athletic enhancement), or erectile/sexual dysfunction

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- ☐ The request is for Lupron Depot
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 - ☐ Artificial insemination (AI), including the following: intravaginal insemination (IVI), Intracervical insemination (ICI), Intrauterine insemination (IUI)
 - ☐ In vitro fertilization (IVF), including the following: Embryo transfer and gamete intrafallopian transfer (GIFT), Zygote intrafallopian transfer (ZIFT), Intracytoplasmic sperm injection (ICSI)
- ☐ The request is **NOT** for the diagnoses of weight loss, anti-aging effects, performance (athletic enhancement), or erectile/sexual dysfunction

☐ Other diagnosis (please submit clinical documentation to support ongoing medical necessity)

PLEASE NOTE: Leuprolide may be considered investigational for all other indications.