

CONTAINS CONFIDENTIAL PATIENT INFORMATION
Gonadotropin Releasing Hormone Analogs (GnRH)
 Complete form in its entirety and fax to:
Prior Authorization of Benefits (PAB) Center at (866) 807- 6241

1. PATIENT INFORMATION
2. PHYSICIAN INFORMATION

Patient Name: _____	Prescribing Physician: _____
Patient ID #: _____	Physician Address: _____
Patient DOB: _____	Physician Phone #: _____
Date of Rx: _____	Physician Fax #: _____
Patient Phone #: _____	Physician Specialty: _____
Patient Email Address: _____	Physician DEA: _____
	Physician NPI #: _____
	Physician Email Address: _____

3. MEDICATION (APPROVED INDICATIONS)
4. STRENGTHS

<input type="checkbox"/> Eligard (Prostate CA Only) <input type="checkbox"/> Lupron (Prostate CA / IVF) <input type="checkbox"/> Lupron Depot-1 mos (Endometriosis* / Prostate CA / Uterine Fibroids**) <input type="checkbox"/> Lupron Depot-1, 3, & 4 mos (Prostate CA Only) <input type="checkbox"/> Lupron Depot-3 mos (Endometriosis* / Uterine Fibroids) <input type="checkbox"/> Lupron Depot Ped (Central Precocious Puberty) <input type="checkbox"/> Supprelin LA (Central Precocious Puberty) <input type="checkbox"/> Synarel Nasal Solution (Endometriosis / Central Precocious Puberty) <input type="checkbox"/> Trelstar Depot (Prostate CA Only) <input type="checkbox"/> Trelstar LA (Prostate CA Only) <input type="checkbox"/> Vantas Implant (Prostate CA Only) <input type="checkbox"/> Viadur Implant (Prostate CA Only) <input type="checkbox"/> Zoladex-1 mos (Advanced Breast CA / Endometriosis / Prostate CA / Endometrial Thinning) <input type="checkbox"/> Zoladex-3 mos (Advanced Breast CA / Prostate CA)	<input type="checkbox"/> 7.5mg <input type="checkbox"/> 22.5mg <input type="checkbox"/> 30mg <input type="checkbox"/> 45mg <input type="checkbox"/> 5mg <input type="checkbox"/> 3.75mg <input type="checkbox"/> 7.5mg <input type="checkbox"/> 22.5mg <input type="checkbox"/> 30mg <input type="checkbox"/> 11.25mg <input type="checkbox"/> 7.5mg <input type="checkbox"/> 11.25mg <input type="checkbox"/> 15mg <input type="checkbox"/> 50mg <input type="checkbox"/> 2mg/mL <input type="checkbox"/> 3.75mg <input type="checkbox"/> 11.25mg <input type="checkbox"/> 50mg <input type="checkbox"/> 72mg <input type="checkbox"/> 3.6mg <input type="checkbox"/> 10.8mg
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* Approval duration for *initial therapy* is 6 months. Approval duration for *re-treatment therapy* is an additional 6 months.

** Approval duration is as requested, up to 3 months.

5. APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY

NOTE: Any areas not filled out are considered not applicable to your patient & MAY AFFECT THE OUTCOME of this request.

Oncology Uses (verify product indication):

<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient is not on concurrent aromatase inhibitor therapy
<input type="checkbox"/> Yes <input type="checkbox"/> No	Therapy is for the treatment of advanced or metastatic breast cancer
<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient is pre menopausal or peri-menopausal
<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient has hormone receptor positive disease with or without concurrent tamoxifen for ovarian suppression
<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient requires treatment of advanced or Metastatic prostate cancer
<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient is male, requires neo-adjuvant or adjuvant therapy with radiation therapy for the management of localized prostate cancer, and is at high or very high risk of recurrence
<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient is stage T3a or greater if staging is available
<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient has a Gleason score of 8-10 or a PSA level >20 ng/mL and staging is undetermined

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Gynecological Uses

- Yes No Patient has endometriosis
- Yes No Patient has chronic pelvic pain
- Yes No Therapy is being used to decrease endometrial thickness prior to endometrial ablation procedures
- Yes No Therapy is being used as preoperative treatment as adjunct to surgical treatment of uterine fibroids
- Yes No Medication is being used prior to surgical treatment (myomectomy or hysterectomy) and patient has documented anemia.
- Yes No Patient has a diagnosis of severe thrombocytopenia or aplastic anemia
- Yes No Medication is being used to treat infertility

Endocrine Uses

- Yes No Patient has Precocious puberty and a tumor has been ruled out by lab tests, CT, MRI, or ultrasound

6. PHYSICIAN SIGNATURE

 Prescriber or Authorized Signature

 Date

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.

Note: Payment is subject to member eligibility. Authorization does not guarantee payment.

IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is **STRICTLY PROHIBITED**. If you have received this message by error, please notify us immediately at **(800) 338-6180** and destroy the related message or return the document to us at 8407 Fallbrook Avenue AF13, West Hills, CA 91304. You, the recipient, are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure without appropriate patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in Federal and State law.

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