



**PRIOR AUTHORIZATION REQUEST FORM**  
Individual and Family Plans

**Eligard**

**Fax back to: (833) 605-4407**

**Phone: (215) 991-4300**

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

**PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.**

<b>Patient Name:</b>	<b>Prescriber Name:</b>
Member Number:	Fax: Phone:
Date of Birth:	Office Contact:
Line of Business: <input type="checkbox"/> Exchange - PA	NPI: State Lic ID:
Address:	Address:
City, State ZIP:	City, State ZIP:
Primary Phone:	<b>Specialty/facility name (if applicable):</b>

☐ **REQUEST FOR EXPEDITED REVIEW:** By checking this box and signing below, I certify that the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Drug Name:	
Strength:	
Directions / SIG:	

**Please attach any pertinent medical history including labs and information for this member that may support approval.**

**Please answer the following questions and sign.**

**Q1. Does the patient have a diagnosis of gender dysphoria? If NO, go to 6.**

☐ Yes

☐ No

**Q2. Is the patient less than 18 years of age? If YES, go to 3. If NO, go to 5.**

☐ Yes

☐ No

**Q3. Is the requested drug being prescribed by or in consultation with a provider specialized in the care of transgender youth (e.g., pediatric endocrinologist, family or internal medicine physician, obstetrician-gynecologist) that has collaborated care with a mental health provider?**

☐ Yes

☐ No

**Q4. For patients less than 18 years of age, does the patient meet all of the following?**

A)The member is able to make an informed decision to engage in treatment.

B)The member has reached Tanner stage 2 of puberty or greater.

C)The member's comorbid conditions are reasonably controlled.

D)The member has been educated on any contraindications and side effects to therapy.

E)The member has been informed of fertility preservation options.



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<div style="display: flex; justify-content: space-between;"><span><input type="checkbox"/> Yes</span><span><input type="checkbox"/> No</span></div>	
<p>Q5. For patients 18 years of age and older, does the patient meet all of the following?</p> <p>A)The member is able to make an informed decision to engage in treatment.</p> <p>B)The member will receive the requested medication concomitantly with gender-affirming hormones.</p> <p>C)The member's comorbid conditions are reasonably controlled.</p> <p>D)The member has been educated on any contraindications and side effects to therapy.</p> <p>E)The member has been informed of fertility preservation options.</p> <div style="display: flex; justify-content: space-between;"><span><input type="checkbox"/> Yes</span><span><input type="checkbox"/> No</span></div>	
<p>Q6. Request Type:</p> <div style="display: flex; justify-content: space-between;"><span><input type="checkbox"/> Initial - Go to 7</span><span><input type="checkbox"/> Continuation - Go to 8</span></div>	
<p>Q7. Does the patient have a diagnosis of prostate cancer OR recurrent, unresectable, or metastatic salivary gland tumors when the tumor is androgen receptor positive?</p> <div style="display: flex; justify-content: space-between;"><span><input type="checkbox"/> Yes</span><span><input type="checkbox"/> No</span></div>	
<p>Q8. For continuation, what is the diagnosis?</p> <div style="display: flex; justify-content: space-between;"><span><input type="checkbox"/> Salivary gland tumors – Go to 9</span><span><input type="checkbox"/> Prostate cancer – Go to 10</span></div>	
<p>Q9. Is the patient experiencing clinical benefit from therapy and has not experienced an unacceptable toxicity?</p> <div style="display: flex; justify-content: space-between;"><span><input type="checkbox"/> Yes</span><span><input type="checkbox"/> No</span></div>	
<p>Q10. Is the patient experiencing clinical benefit from therapy (e.g., serum testosterone less than 50 ng/dL) and has not experienced an unacceptable toxicity?</p> <div style="display: flex; justify-content: space-between;"><span><input type="checkbox"/> Yes</span><span><input type="checkbox"/> No</span></div>	
<p>Q11. Additional Information:</p>	



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<b>Patient Name:</b>	<b>Prescriber Name:</b>
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Prescriber Signature

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Date

v2025