



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Gonadotropin Releasing Hormone Agonist Renewal

Phone: 215-991-4300

Fax back to: 866-240-3712

Health Partners 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.

Form with two columns: Patient Name and Prescriber Name. Fields include HPP Member Number, Date of Birth, Address, City, State ZIP, Patient Primary Phone, Line of Business (Medicaid/CHIP), Fax, Office Contact, NPI, Promise ID, Prescriber PA PROMISe ID, Address, City, State ZIP, and Specialty/facility name (if applicable).

Expedited/Urgent checkbox

Drug Name:

Strength:

Days Supply:

Number of Refills:

Directions / SIG:

HPP's maximum approval time is 12 months but may be less depending on the drug.

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. Is this request for the treatment of gender dysphoria? (If so, please refer to the Treatment of Gender Dysphoria criteria).

Yes checkbox

No checkbox

Q2. Has the patient previously received 6 months of treatment with Lupron Depot or Lupaneta Pack for the management of endometriosis?

Yes checkbox

No checkbox

Q3. Is the patient pregnant?

Yes checkbox

No checkbox

Q4. Has the patient responded to therapy? (Please include chart notes documenting response to therapy, including discussion of adverse events and compliance).

Yes checkbox

No checkbox

Q5. If requesting Lupron Depot, is it being prescribed as combination treatment with norethindrone 5 mg once daily? (When combination treatment is not going to be prescribed, please attach documentation as to the reason why the risks of Lupron Depot in combination treatment with norethindrone outweigh the benefits).

Yes checkbox

No checkbox

Q6. Has bone density been assessed in the patient if appropriate to ensure that values are within normal limits?

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Prescriber Name:

Yes checkbox

No checkbox

Q7. Is Lupron Depot being requested for preoperative hematologic improvement of a patient with anemia caused by uterine leiomyomata?

Yes checkbox

No checkbox

Q8. Has the patient been previously approved for Lupron-Depot, Eligard, or leuprolide for the palliative treatment of Advanced Prostate Cancer?

Yes checkbox

No checkbox

Q9. Has the patient been monitored for the development of cardiovascular disease and diabetes?

Yes checkbox

No checkbox

Q10. Are serum testosterone and PSA levels being periodically monitored? (Please attach documentation).

Yes checkbox

No checkbox

Q11. Has the patient responded to therapy? (Please include chart notes documenting response to therapy, including discussion of adverse events and compliance).

Yes checkbox

No checkbox

Q12. Has the patient been previously approved for Lupron Depot-Ped or leuprolide for the diagnosis of central precocious puberty?

Yes checkbox

No checkbox

Q13. Has previous treatment resulted in suppression of clinical signs and symptoms of puberty? (Please attach documentation).

Yes checkbox

No checkbox

Q14. For Females: Has previous treatment also resulted in cessation of menses?

Yes checkbox

No checkbox

Q15. Has measurement of growth rate and bone age to assess for signs of advancement been performed 6 to 12 months after initiation of treatment? (Please attach documentation).

Yes checkbox

No checkbox

Q16. Are luteinizing hormone (LH) and sex-steroid levels periodically monitored to ensure efficacy with the medication? (Please attach documentation).

Yes checkbox

No checkbox

Q17. Is the patient 11 years of age if a female or 12 years of age if a male?



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Patient Name:

Prescriber Name:

Yes

No

Q18. Requested Duration:

6 Months

12 Months

Q19. Additional Information:

Prescriber Signature

Date

Updated 2018