



**PRIOR AUTHORIZATION REQUEST FORM**

EOC ID:

**Lupron Depot for Females**

**Phone: 215-991-4300 Fax back to: 866-240-3712**

HEALTH PARTNERS 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 print clearly.**

<p><b>Patient Name:</b></p> <p>Member Number:</p> <p>Date of Birth:</p> <p>Group Number:</p> <p>Address:</p> <p>City, State, Zip:</p>	<p><b>Physician Name:</b></p> <p>Fax: <span style="float:right">Phone:</span></p> <p>Office Contact:</p> <p>NPI: <span style="float:right">State Lic. Id:</span></p> <p>Address:</p> <p>City, State, Zip:</p>
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Drug Name: Expedited/Urgent

Directions:

<b>Please answer the following questions and sign below:</b>
<p>Q1. What is the patient's diagnosis?</p> <p style="padding-left: 40px;">Uterine Fibrosis      Endometriosis      Other</p>
<p style="padding-left: 40px;">Q2. If Other, Please specify:</p>
<p>Q3. For Preoperative management for anemia has the patient failed at least a one-month treatment with iron?</p> <p style="padding-left: 40px;">Yes      No</p>
<p>Q4. For Uterine Fibrosis, which situation is being treated?</p> <p style="padding-left: 40px;">Shrink uterine fibroids to allow for a laparoscopic or vaginal hysterectomy</p> <p style="padding-left: 40px;">Treatment of intracavity fibroids in preparation for a hysteroscopic myomectomy</p> <p style="padding-left: 40px;">Preoperative management for up to 3 months for anemia caused from heavy bleeding from uterine fibroids.</p> <p style="padding-left: 40px;">Other</p>
<p>Q5. For treatment of Endometriosis, which situation is being treated?</p> <p style="padding-left: 40px;">Management of chronic pelvic pain.</p> <p style="padding-left: 40px;">Endometrial thinning prior to endometrial ablation</p> <p style="padding-left: 40px;">Management of confirmed endometriosis including pain relief and reduction of endometriotic lesions</p>
<p>Q6. If Chronic Pelvic Pain, has a detailed evaluation including pelvic ultrasound, urinalysis, sedimentation rate and endocervical cultures failed to demonstrate other causes of pelvic pain?</p> <p style="padding-left: 40px;">Yes      No</p>
<p>Q7. For Chronic Pelvic Pain, has the patient failed therapy with oral contraceptives or depot medroxyprogesterone acetate?</p> <p style="padding-left: 40px;">Yes      No</p>
<p>Q8. For the treatment of endometrial ablation, is the use of Danazol an option?</p> <p style="padding-left: 40px;">Yes      No</p>
<p>Q9. For the management of confirmed endometriosis including pain relief and reduction of endometriotic lesions, has the patient failed therapy with oral contraceptives?</p>



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**Patient Name:**

**Physician Name:**

Yes      No

Q10. Deliver to:

Physician's Office      Home Delivery

Q11. Delivery date needed:

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**

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