



Federal Employee Program.

LEUPROLIDE PRIOR APPROVAL REQUEST

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn. Clinical Services
Fax: 1-877-378-4727

Additional information is required to process your claim for prescription drugs. Please patient the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
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:
Patient ID:	R <input type="text"/>			Physician Signature:		
PHYSICIAN COMPLETES						

Leuprolide

NOTE: Form must be completed in its **entirety** for processing

Please select medication:

- | | |
|--|--|
| <input type="checkbox"/> Camcevi (leuprolide mesylate) | <input type="checkbox"/> leuprolide acetate 1mg/0.2mL (daily injection) |
| <input type="checkbox"/> Eligard (leuprolide acetate) | <input type="checkbox"/> Leuprolide Acetate Depot (1, 3, 4 or 6 month injection) |
| <input type="checkbox"/> Fensolvi (leuprolide acetate) | <input type="checkbox"/> Lupron Depot (1, 3, 4 or 6 month injection) |

**Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit

Is this request for brand or generic? ☐ Brand ☐ Generic

1. Is the patient assigned female or male at birth? **Answer below:**

☐ **FEMALE:** What is the patient's diagnosis?

☐ Gender dysphoria (GD), gender identity disorder (GID), sex transformation, or sex change

i. Is this medication being used for fertility preservation/egg retrieval? ☐ Yes ☐ No

☐ Breast cancer

☐ Central precocious puberty (CPP)

☐ Endometriosis

☐ Fertility preservation/egg retrieval

☐ Infertility

i. Will the patient be undergoing an assisted reproductive technology (ART) procedure? ☐ Yes* ☐ No

***If YES**, which procedure will the patient be undergoing in combination with the requested medication? **Select below:**

☐ Artificial insemination (AI)

☐ Intracytoplasmic sperm injection (ICSI)

☐ Embryo transfer and gamete intrafallopian transfer (GIFT)

☐ Intrauterine insemination (IUI)

☐ In vitro fertilization (IVF)

☐ Intravaginal insemination (IVI)

☐ Intracervical insemination (ICI)

☐ Zygote intrafallopian transfer (ZIFT)

☐ Fertility preservation/egg retrieval

☐ Frozen embryo transfer (FET)

☐ **Other (please specify):** _____

☐ Uterine fibroids

☐ None of the above

☐ **MALE:** What is the patient's diagnosis?

☐ Gender dysphoria (GD), gender identity disorder (GID), sex transformation, or sex change

☐ Advanced prostate cancer

☐ Breast cancer

☐ Central precocious puberty (CPP)

☐ None of the above

2. Is the requested medication being used for weight loss, anti-aging effects, or performance (athletic) enhancement? ☐ Yes ☐ No

3. Is this medication being used to treat erectile dysfunction (impotence) or sexual dysfunction? ☐ Yes ☐ No



**BlueCross
BlueShield**

Federal Employee Program.

**LEUPROLIDE
PRIOR APPROVAL REQUEST**

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn. Clinical Services
Fax: **1-877-378-4727**

Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

<p>Electronically Online (ePA)</p> <p>Results in 2-3 minutes FASTEST AND EASIEST</p>	<p>Now you can get responses to drug Prior Authorization requests securely online. Online submissions may receive instant responses and do not require faxing or phone calls.</p> <p>Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to Caremark.com/ePA.</p>
<p>Phone</p> <p>(4-5 minutes for response)</p>	<p>The FEP Clinical Call Center can be reached at (877)-727-3784 between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same information contained on the attached form. Please review the form and have your answers ready for faster service.</p> <p>The process over the phone takes on average between 4 and 5 minutes.</p>
<p>Fax</p> <p>(3-5 days for response)</p>	<p>Fax the attached form to (877)-378-4727. Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the Prior Authorization request cannot be processed.</p> <p><u>Please only fax the completed form once as duplicate submissions may delay processing times.</u></p>

**faster...
easier...
better...**

Introducing ePA! Online Prior Authorizations in minutes through Caremark.com/ePA. Sign up today!

CVS/caremark 