

**Request for Prior Authorization
LUPRON DEPOT – PEDIATRIC**

(PLEASE PRINT – ACCURACY IS IMPORTANT)

Patient has documentation of onset of secondary sexual characteristics earlier than 8 years in females and 9 years in males? No Yes: provide age of onset and description: _____

Confirmation of diagnosis by a pubertal response to a gonadotropin-releasing hormone (GnRH) stimulation test? No Yes (attach results)

Documentation of advanced bone age (defined as \geq two standard deviations above the gender/age related mean)? No Yes (attach results)

Baseline evaluations:

Height: _____ Date obtained: _____

Weight: _____ Date obtained: _____

Sex steroid (testosterone/estradiol) levels obtained? No Yes (attach results)

Appropriate diagnostic imaging of the brain has been conducted to rule out an intracranial tumor? No Yes (attach results)

Pelvic/testicular/adrenal ultrasound has been conducted to rule out steroid secreting tumors? No Yes (attach results)

Human chorionic gonadotropin levels have been obtained to rule out a chorionic gonadotropin secreting tumor? No Yes (attach results)

Adrenal steroid levels have been obtained to rule out congenital adrenal hyperplasia? No Yes (attach results)

Setting to be administered:

Member's home by home health Long-term care facility Other: _____

Age override consideration:

Documentation of medical necessity for continued treatment beyond the following ages:
females \geq 11 years of age and males \geq 12 years of age: _____

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.)	Date of submission
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IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.