BlueCross BlueShield of Illinois

LUPRON DEPOT
(leuprolide acetate)
(Eligard, Viadur)

Please call (800) 972-8088 for Assistance

Clinical Conditions	Documents	Check List √
Prostate Cancer	1. If you are not the prescribing physician, please provide a copy of the prescription and/or order sheet.	☐
	2. Documentation that the patient has advanced prostate cancer with metastasis; **and**	☐
	3. Treatment is being prescribed as palliative therapy as an alternative to surgery or estrogen administration; **or**	☐
	4. other hormone therapies are intolerable, surgical castration is not an option; and there are no alternative therapies available; **or**	☐
	5. Documentation that prostate cancer therapy for Stage B2 through C is locally confined.	☐
Breast Cancer	1. If you are not the prescribing physician, please provide a copy of the prescription and/or order sheet.	☐
	2. Is this patient currently on aromatase inhibitor therapy?	☐
	3. Documentation of advanced or metastatic breast cancer in premenopausal and perimenopausal womem.	☐
	4. Documentation of advanced or metastatic breast cancer in perimenopausal women with hormone receptor positive disease with or without concurrent tamoxifen or ovarian oppression.	☐
Endometriosis	1. If you are not the prescribing physician, please provide a copy of the prescription and/or order sheet.	☐
	2. Required documentation: • History and physical; and ☐ • Of prior treatment (tried and failed); and ☐ • Surgical reports; and ☐ • Pathology reports; and ☐ • Physician's Treatment and visit notes. ☐	☐

Uterine Leiomyomata (fibroid)	1. If you are not the prescribing physician, please provide a copy of the prescription and/or order sheet.	☐
	2. Required documentation: • History and physical; and ☐ • Of prior treatment (tried and failed); and ☐ • Surgical reports; and ☐ • Pathology reports; and ☐ • Physician's Treatment and visit notes. ☐	☐
Infertility	1. Check Member Benefit Contract for coverage of Infertiltiy	☐
	2. If you are not the prescribing physician, please provide a copy of the prescription and/or order sheet.	☐
	3. Documentation of luteinizing hormone levels.	☐
Endocrine	1. Statement of patients condition.	☐
For additional information please see HCSC Medical Policy RX501.041		

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