OKLAHOMA Health Care Authority

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State of Oklahoma
SoonerCare
Camcevi® (Leuprolide) Prior Authorization Form

Member Name:_____ ***Date of Birth:***_____ ***Member ID#:***_____

Drug Information

☐**Physician billing (HCPCS code:**_____**)** ☐**Pharmacy billing (NDC:**_____**)**

Start Date (or date of next dose):_____ ***Dose:***_____

Dosing Regimen: _____

Billing Provider Information

Provider NPI:_____ ***Provider Name:***_____

Provider Phone:_____ ***Provider Fax:***_____

Prescriber Information

Prescriber NPI:_____ ***Prescriber Name:***_____

Prescriber Phone:_____ ***Prescriber Fax:***_____ ***Specialty:***_____

Criteria

For Initial Authorization

1. Please indicate the diagnosis and information:

☐ **Advanced Prostate Cancer**

A. Please provide a patient-specific, clinically significant reason the member cannot use each of the following (for Camcevi® authorization consideration, reasons must be provided for each alternative listed):

1. Eligard® (leuprolide acetate):_____
   _____
2. Firmagon® (degarelix):_____
   _____
3. Lupron Depot® (leuprolide acetate):_____
   _____

☐ **If diagnosis is not listed of the above, please indicate diagnosis:**_____

Additional Information:_____

For Continued Authorization:

1. Date of last dose:_____
2. Does the member have any evidence of progressive disease while on Camcevi®? Yes☐ No☐
3. Has the member experienced adverse drug reactions related to Camcevi® therapy? Yes☐ No☐

*If yes, please specify adverse reactions:*_____

Additional Information:_____

Prescriber Signature:_____ **Date:**_____

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge. *Failure to complete this form in full will result in processing delays.*

Fax completed prior authorization request form to **888-601-8461** or submit Electronic Prior Authorization through CoverMyMeds® or SureScripts. All requested data must be provided. Incomplete forms or forms without the chart notes will be returned. Pharmacy Coverage Guidelines are available at **AetnaBetterHealth.com/Oklahoma.**