



MEDICARE FORM

Trelstar® (triptorelin pamoate) Medication Precertification Request

Page 1 of 2

(All fields must be completed and legible for precertification review.)

Virginia (HMO D-SNP) FAX: 1-833-280-5224 PHONE: 1-855-463-0933

For other lines of business: Please use other form

Note: Trelstar is non-preferred. The preferred product is Eligard. Firmagon is also a preferred product.

Please indicate: [] Start of treatment: Start date ___/___/___ [] Continuation of therapy, Date of last treatment ___/___/___

Precertification Requested By: _____ Phone: _____ Fax: _____

A. PATIENT INFORMATION

Form section A: Patient Information. Fields include First Name, Last Name, DOB, Address, City, State, ZIP, Home Phone, Work Phone, Cell Phone, Email, Patient Current Weight, Patient Height, and Allergies.

B. INSURANCE INFORMATION

Form section B: Insurance Information. Fields include Aetna Member ID #, Group #, Insured, Medicare status, Medicaid status, and other coverage information.

C. PRESCRIBER INFORMATION

Form section C: Prescriber Information. Fields include First Name, Last Name, Address, City, State, ZIP, Phone, Fax, St Lic #, NPI #, DEA #, UPIN, and Office Contact Name.

Specialty (Check one): [] Oncologist [] Endocrinologist [] Other: _____

D. DISPENSING PROVIDER/ADMINISTRATION INFORMATION

Form section D: Dispensing Provider/Administration Information. Divided into Place of Administration and Dispensing Provider/Pharmacy sections with various checkboxes and address fields.

E. PRODUCT INFORMATION

Request is for: Trelstar (triptorelin pamoate) Dose: _____ Frequency: _____

F. DIAGNOSIS INFORMATION - Please indicate primary ICD code and specify any other where applicable.

Primary ICD Code: _____ Secondary ICD Code: _____ Other ICD Code: _____

G. CLINICAL INFORMATION - Required clinical information must be completed in its entirety for all precertification requests.

For Initiation Requests (clinical documentation required for all requests):

Form section G: Clinical Information. Includes checkboxes for Gender dysphoria, Preservation of ovarian function, and Prostate cancer, along with detailed questions and a Tanner Stage scale.

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[] Yes [] No Has the patient had a trial and failure, intolerance, or contraindication to Eligard? Please explain if there are any other medical reason(s) that the patient cannot use Eligard when indicated for the patient's diagnosis?

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Patient First Name	Patient Last Name	Patient Phone	Patient DOB
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G. CLINICAL INFORMATION (continued) – Required clinical information must be completed in its entirety for all precertification requests.

For Continuation Requests (clinical documentation required for all requests):

Gender dysphoria

Yes No Is the requested medication being prescribed for pubertal suppression in an adolescent patient?

Yes No Is the patient undergoing gender transition?

Yes No Will the patient receive the requested medication concomitantly with gender affirming hormones?

Yes No Will the patient receive the requested medication concomitantly with gender affirming hormones?

→ Please indicate the Tanner Stage of puberty the patient has reached: Stage I Stage II Stage III Stage IV Stage V Unknown

Preservation of ovarian function

Yes No Is the patient premenopausal and still undergoing chemotherapy?

Prostate cancer

Yes No Has the patient had prior therapy with Trelstar within the last 365 days?

Yes No Has the patient experienced clinical benefit to therapy while receiving the requested drug (e.g., serum testosterone less than 50 ng/dl)?

Yes No Has the patient experienced an unacceptable toxicity while receiving the requested drug?

H. ACKNOWLEDGEMENT

Request Completed By (Signature Required): _____ **Date:** ____ / ____ / ____

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

The plan may request additional information or clarification, if needed, to evaluate request.