



Please complete ALL information below and fax your request to 1-888-671-5285

Supprelin LA[®] Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
<input type="checkbox"/> Check if generic substitution is acceptable	Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy		

Clinical Information (required)	
Select the diagnosis below:	
<input type="checkbox"/> Central precocious puberty (CPP) - idiopathic or neurogenic	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	
For central precocious puberty, answer the following:	
Did the onset of early secondary sexual characteristics occur in the patient at < 8 years of age if female or < 9 years of age if male? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the patient have advanced bone age of at least one year compared with chronological age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the patient undergone gonadotropin-releasing hormone agonist (GnRHa) testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the patient have a peak luteinizing hormone (LH) level above pre-pubertal range? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the patient have a random LH level in pubertal range? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the patient have suspected tumors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Select if the patient has had the following diagnostic evaluations to rule out tumors, when suspected:	
<input type="checkbox"/> Diagnostic imaging of the brain (MRI or CT scan) (in patients with symptoms suggestive of brain tumor or in those 6 years of age or younger	
<input type="checkbox"/> Pelvic/testicular/adrenal ultrasound (if steroid levels suggest suspicion)	
<input type="checkbox"/> Adrenal steroids to rule out congenital adrenal hyperplasia (when pubarche precedes thelarche or gonadarche)	
Is Supprelin LA prescribed by or in consultation with a pediatric endocrinologist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reauthorization:	
Have the patient's LH levels been suppressed to pre-pubertal levels? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Supprelin LA prescribed by or in consultation with a pediatric endocrinologist? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.

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