

Supprelin LA
Prior Authorization Request

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-855-330-1720

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-855-330-1720.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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Patient's Name: _____ **Date:** _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____ **NPI#:** _____
Specialty: _____ **Physician Office Fax:** _____
Physician Office Telephone: _____

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Additional Demographic Information:

Patient Weight: _____ kg
Patient Height: _____ ft _____ inches

Please indicate the place of service for the requested drug:

- Ambulatory Surgical Home Inpatient Hospital Off Campus Outpatient Hospital
 On Campus Outpatient Hospital Office Pharmacy

Criteria Questions:

- What is the diagnosis?
 Central precocious puberty (CPP) Gender dysphoria Other

- What is the ICD-10 code? _____

Complete the following section based on the patient's diagnosis.

Section A: Central Precocious Puberty (CPP)

- Is the patient currently receiving the prescribed therapy for central precocious puberty?
If Yes, no further questions Yes No
- Has the diagnosis of central precocious puberty been confirmed by a pubertal response to a GnRH (gonadotropin-releasing hormone) agonist test **or** a pubertal level of a third generation LH (luteinizing hormone) assay?
 Yes No
- Has the diagnosis been confirmed by assessment of bone age versus chronological age? Yes No
- How old was the patient **AT THE ONSET** of secondary sexual characteristics? _____ years

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Section A: Gender Dysphoria

7. What is the patient's physical developmental stage?
 Patient has NOT completed puberty
 Patient has completed puberty, *skip to #10*
8. Is Supprelin LA prescribed for pubertal suppression in preparation for gender reassignment? Yes No
9. Which Tanner Stage of puberty has the patient reached? ***Indicate below and no further questions.***
 I II III IV V Unknown
10. Is the patient undergoing gender reassignment? Yes No
11. Will the patient receive Supprelin LA concomitantly with cross sex hormones? Yes No

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X _____

Prescriber or Authorized Signature

Date (mm/dd/yy)