



## Supprelin LA

### Prior Authorization Request

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 **1-888-877-0518**. 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:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Physician Office Telephone:** \_\_\_\_\_ **Physician Office Fax:** \_\_\_\_\_

**Referring Provider Info:**  Same as Requesting Provider

**Name:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Rendering Provider Info:**  Same as Referring Provider  Same as Requesting Provider

**Name:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Required Demographic Information:**

*Patient Weight:* \_\_\_\_\_ kg

*Patient Height:* \_\_\_\_\_ cm

*Please indicate the place of service for the requested drug:*

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

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

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Supprelin LA with Other Ind SGM - 07/2021.

**CVS Caremark Specialty Pharmacy • 2211 Sanders Road NBT-6 • Northbrook, IL 60062**  
**Phone: 1-888-877-0518 • Fax: 1-855-330-1720 • www.caremark.com**

**Criteria Questions:**

1. What is the diagnosis?  
 Central precocious puberty (CPP)  
 Gender dysphoria  
 Preservation of ovarian function  
 Recurrent menstrual related attacks in acute porphyria  
 Other \_\_\_\_\_
2. What is the ICD-10 code? \_\_\_\_\_

***Complete the following section based on the patient's diagnosis, if applicable.***

**Section A: Central Precocious Puberty (CPP)**

3. Is the patient currently receiving the prescribed therapy for central precocious puberty through a paid pharmacy or medical benefit?  Yes  No *If No, skip to #5*
4. Is the patient experiencing signs of treatment failure such as clinical pubertal progression, lack of growth deceleration and continued excessive bone age advancement?  Yes  No *No further questions.*
5. Has the patient been evaluated for intracranial tumor(s) by appropriate lab tests and diagnostic imaging, such as computed tomography (CT scan), magnetic resonance imaging (MRI), or ultrasound?  Yes  No
6. 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? **Action Required: If yes, collect laboratory report or medical record of pubertal response to a GnRH agonist test or a pubertal level of a third-generation LH assay.**  Yes  No
7. Does the assessment of bone age versus chronological age support the diagnosis of central precocious puberty?  Yes  No
8. How old was the patient **AT THE ONSET** of secondary sexual characteristics? \_\_\_\_\_ years

**Section B: Gender Dysphoria**

9. Is Supprelin LA prescribed for pubertal hormonal suppression in an adolescent patient?  Yes  No *If No, skip to #11*
10. Which Tanner Stage of puberty has the patient reached? **Indicate below and no further questions.**  
 I  II  III  IV  V  Unknown *No further questions*
11. Is the patient undergoing gender transition?  Yes  No
12. Will the patient receive Supprelin LA concomitantly with gender-affirming hormones?  Yes  No

**Section C: Preservation of Ovarian Function**

13. Is the patient premenopausal and undergoing chemotherapy?  Yes  No

**Section D: Recurrent Menstrual Related Attacks in Acute Porphyria**

14. Is Supprelin LA being requested to prevent recurrent menstrual related attacks in acute porphyria?  Yes  No
15. Is Supprelin LA prescribed by, or in consultation with, a physician experienced in the management of porphyrias?  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)**

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