



Supprelin LA with Other Ind Prior Authorization Request

Your patient's benefit plan requires prior authorization for certain medications. In order to make appropriate medical necessity determinations, your patient's diagnosis and other clinical information is required. **Please complete the information requested on the form below and fax this form along with supporting clinical documentation to Priority Partners, toll-free at 1-866-212-4756** to initiate the review process. If you have questions regarding the prior authorization please contact Priority Partners at 888-819-1043 Option 4.

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:** _____

Referring 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

Drug Information:

Strength/Measure _____ *Units* ml Gm mg ea Un
Directions(sig) _____ *Route of administration* _____
Dosing frequency _____

Send completed form to: Priority Partners Fax: 1-866-212-4756

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.

Priority Partners • 7231 Parkway Drive Suite 100 • Hanover, MD 21076
Phone: 888-819-1043 • Fax: 1-866-212-4756 • www.jhhc.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?
If Yes, no further questions. Yes No
4. 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
5. 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
6. Does the assessment of bone age versus chronological age support the diagnosis of central precocious puberty? Yes No
7. How old was the patient **AT THE ONSET** of secondary sexual characteristics? _____ years

Section B: Gender Dysphoria

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

Section C: Preservation of Ovarian Function

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

Section D: Recurrent Menstrual Related Attacks in Acute Porphyria

13. Is Supprelin LA being requested to prevent recurrent menstrual related attacks in acute porphyria? Yes No
14. 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 Priority Partners.

X _____

Prescriber or Authorized Signature

Date (mm/dd/yy)

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