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Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

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 requesting brand			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.

For urgent or expedited requests please call 1-800-711-4555.

This form may be used for non-urgent requests and faxed to 1-800-527-0531.

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

Office use only: SupprelinLA_Comm_2018May-W