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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

## Triptodur™ Prior Authorization Request Form

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

Member Information (required)	Provider Information (required)
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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)
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Medication Name:		Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting <b>brand</b>		Directions for Use:	
<input type="checkbox"/> Check if request is for <b>continuation of therapy</b>			

Clinical Information (required)
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**Select the diagnosis below:**

Central precocious puberty (CPP) - idiopathic or neurogenic

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?  **Yes**  **No**

Does the patient have advanced bone age of at least one year compared with chronological age?  **Yes**  **No**

Has the patient undergone gonadotropin-releasing hormone agonist (GnRHa) testing?  **Yes**  **No**

Does the patient have a peak luteinizing hormone (LH) level above pre-pubertal range?  **Yes**  **No**

Does the patient have a random LH level in pubertal range?  **Yes**  **No**

Does the patient have suspected tumors?  **Yes**  **No**

Select if the patient has had the following diagnostic evaluations to rule out tumors, when suspected:

- 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)
- Pelvic/testicular/adrenal ultrasound (if steroid levels suggest suspicion)
- Adrenal steroids to rule out congenital adrenal hyperplasia (when pubarche precedes thelarche or gonadarche)

Is Triptodur prescribed by or in consultation with a pediatric endocrinologist?  **Yes**  **No**

**Reauthorization:**

Have the patient's LH levels been suppressed to pre-pubertal levels?  **Yes**  **No**

Is Triptodur prescribed by or in consultation with a pediatric endocrinologist?  **Yes**  **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?**

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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.

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