

MEDICATION PRIOR AUTHORIZATION REQUEST FORM FAX this completed form to 1-888-865-6531

OR Mail request to: Pharmacy Services PA Dept. | 5 River Park Place East, Suite 210 | Fresno, CA 93720

Call 1-833-705-1351 to request a 72-hour supply of medication.

Pharmacy Services will respond via fax or phone within 24 hours of receipt of all necessary information, except during weekends and holidays. For immediate response on weekends and holidays, NurseWise will answer your call.

Supprelin LA (histrelin acetate) Maximum Length of Therapy = Date of Service Note: Form must be completed in full. An incomplete form may be returned.

Recipient's Medicaid ID# Date of Birth (MM/DD/YYYY)																												
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Presc	riber's	Full	Nam	e												1	,										1	
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Presc	riber's	Pho	ne N	umbe	er				j								Prescriber's Fax Number											
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Prescriber Specialty:																												
1.	1. Is this medication for precocious puberty?																											
	☐ Yes ☐ No																											
	If YES, specify ICD:																											
2.	2. Is the prescriber a pediatric endocrinologist?																											
		Yes		No																								
3.	Has	the i	oatie	ent h	ad a	clir	nical	cou	ırse	of e	ithe	r Lu	pror	ı De	pot-	Ped	or S	vna	rel t	hat	has i	faile	d or	was	s no	t tole	rate	ed
	3. Has the patient had a clinical course of either Lupron Depot-Ped or Synarel that has failed or was not tolerated (within the last six months)?																											
	☐ Yes ☐ No																											
Note: Legible copies of progress notes describing these events are required, please attach.																												
Please submit measurement of blood concentration of total sex steroids, measurement of LH and FSH after stimulation with GnRH analog, and assessment of bone versus chronological age.																												
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Prescriber's Signature:																					Da	ate:						
REQU	REQUIRED FOR REVIEW: All copies of medical records (e.g., diagnostic evaluations and recent chart notes), and the most recent																											
copies of related labs. The provider must retain copies of all documentation for five years.																												

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