Children's Medical Services Health Plan
OPERATED BY SUNSHINE HEALTH

Print Reset

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

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)

Recipient's Full Name

Prescriber's Full Name

Prescriber's NPI

Prescriber's Phone Number - -

Prescriber's Fax Number - -

Prescriber Specialty: _____

1. **Is this medication for precocious puberty?**
   ☐ Yes ☐ No

If Yes, specify ICD: _____

2. **Is the prescriber a pediatric endocrinologist?**
   ☐ Yes ☐ No

3. **Has the patient had a clinical course of either Lupron Depot-Ped, Triptodur, or intranasal 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.

Prescriber's Signature: _____ **Date:** _____

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.