

MEDICATION PRIOR AUTHORIZATION REQUEST FORM

FAX this completed form to 1-833-546-1507 OR Mail request to: Pharmacy Services PA Dept.

| 5 River Park Place East, Suite 210 | Fresno, CA 93720

Call 1-866-399-0928 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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riber's	NPI	1					I	1																			
Prescriber's Phone Number														Prescriber's Fax Number													
	-				-														-				-				
 Is this medication for precocious puberty?														ed													
Prescriber's Signature: REQUIRED FOR REVIEW: All copies of medical records (e.g., diagnostic evaluations and recent chart notes), and the most receive copies of related labs. The provider must retain copies of all documentation for five years.																											
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Yes No If YES, specify ICD: Is the prescriber a pediatric endocrinologist? Yes No Has the patient had a clinical course of either Lupron Depot-Ped (within the last six months)? Yes No Note: Legible copies of progress notes describing these events are rese submit measurement of blood concentration of total sex steroic ulation with GnRH analog, and assessment of bone versus chrono	riber's Full Name riber's Full Name riber's NPI riber's Phone Number riber's Phone Number Precipier Specialty: Is this medication for precocious puberty? Yes No If YES, specify ICD: Is the prescriber a pediatric endocrinologist? Yes No Has the patient had a clinical course of either Lupron Depot-Ped or S (within the last six months)? 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