SUPPRELIN® LA (histrelin acetate) subcutaneous implant
Service Request Enrollment Form

Phone: 1-855-270-0123 **Fax: 1-888-882-4037**

PATIENT INFORMATION (Please attach an enlarged copy of the front and back of the patient's insurance card and/or other insurance information along with this form.)

Patient Name (First):	Last:	MI:	Sex: Male ☐ Female ☐	Spanish Speaking: ☐
Patient Address:	City:		State:	Zip Code:
Patient Social Security#: / DOB:	Parent/Guardian Name:	Phone:	Secondary Phone:	
Primary Insurance Name:	Phone:	Subscriber ID#:	Group ID#:	
Subscriber Name and Date of Birth (mm/dd/yr):	Subscriber Social Security#:	Employer Name:		
Prescription Insurance Name:	Phone:	Subscriber ID#:	Group ID#:	
Secondary Insurance Name:	Phone:	Subscriber ID#:	Group ID#:	
Subscriber Name and Date of Birth (mm/dd/yr):	Subscriber Social Security#:	Employer Name:		

Report benefits directly to Parent/Guardian: ☐ Yes ☐ No Rx Type: ☐ GnRHa Naive ☐ Continued SUPPRELIN® LA ☐ Injection Conversion ☐ For Removal of Implant Only

HEALTHCARE PROVIDER INFORMATION

Healthcare Provider Name:	Specialty:	Hospital/Clinic:	
Street Address:	City:	State:	Zip Code:
Contact Name: / Phone:	Secure Fax:	UPIN#:	
DEA#: / NPI#:	Tax ID#:	Medicaid Provider#:	

Ship-To Information: ☐ Surgical Center/Hospital ☐ Surgeon's Office ☐ Pediatric Endocrinologist's Office ☐ Specialist

TREATMENT INFORMATION (Please provide a copy of all supporting documentation related to diagnostics along with this form.)

Test Results:				**ICD-10 Code for Primary Diagnosis of Central Precocious Puberty:**
Date of LHRH Stimulation Test:				☐ E22.8
LH: / FSH:	Estradiol (Girls):	Testosterone (Boys):		☐ Other _____
Date of X-ray:	Bone Age:	Chronologic Age:		
Other:	☐ Growth Chart Attached	Date Patient Last Seen:		
Clinical Impression:				

PRESCRIPTION INFORMATION

Product Name: **SUPPRELIN® LA (histrelin acetate) subcutaneous implant**

Dispense: **1 implant kit** SIG: **One Implant to be inserted by physician as directed every 12 months** Refills: **0**

Prescriber Signature: **Date:**

COORDINATION OF PRODUCT DELIVERY

Shipping Location: ☐ Surgical Center/Hospital ☐ Surgeon's Office ☐ Pediatric Endocrinologist's Office ☐ Specialist

Ship-to-Address: Facility Name:		Phone:	
Address:	City:	State:	Zip Code:

Site of Care for Insertion: ☐ Hospital ☐ Outpatient Surgical Center ☐ Surgeon's Office ☐ Prescriber's Office ☐ Other

If SUPPRELIN® LA is to be inserted by a surgeon, please indicate your preference below:
☐ Request In-Network Surgeon (The Support Center can assist in identifying an in-network surgeon.)

Preferred Surgeon Name:	Scheduled Date of Insertion (if scheduled):	Phone:	
Address:	City:	State:	Zip Code:
Pediatrician Name:	Address:		
City:	State:	Zip Code:	Phone:

Certification of Medical Necessity & Authorization to Release Patient Information

By signing this form, you are certifying that a) the described SUPPRELIN® LA is medically necessary and b) you have received from the patient identified above, or his/her personal representative, the necessary authorization to release, in accordance with applicable federal and state privacy laws and regulations, referenced medical and/or other patient information relating to the need for SUPPRELIN® LA to Endo Pharmaceuticals Inc. and its agents or contractors for the purpose of seeking information related to coverage for SUPPRELIN® LA and/or assisting in initiating or continuing SUPPRELIN® LA.

Prescriber Signature:_____ **Date:** _____

This patient authorization expires 5 years from the certification and authorization date.

Please see Indication and Important Safety Information on next page.

Please click here for full Prescribing Information.

Instructions for Completing the SUPPRELIN® LA (histrelin acetate) subcutaneous implant Service Request Enrollment Form

Phone: 1-855-270-0123 **Fax: 1-888-882-4037**

1 Complete Patient Information

Please provide the following information:

- ☐ Demographic Information, including (but not limited to):
- ☐ Name
- ☐ Address
- ☐ Phone Number
- ☐ Insurance ID#
- ☐ Date of Birth

Insurance information, including:

- ☐ Primary Insurance
- ☐ Secondary Insurance

2 Complete Healthcare Provider Information

Please provide the following information:

- ☐ Name and specialty
- ☐ Address and office telephone numbers
- ☐ License and provider numbers
- ☐ Office contact name and telephone number

3 Complete Treatment Information and Coordination of Product Delivery

Indicate preferred surgeon and shipping information. If insertion date has been scheduled, please provide date (or range) the procedure will be performed.

4 Sign Certification of Medical Necessity & Authorization to Release Patient Information

The Authorization allows the Endo Reimbursement Service Hotline to investigate the patient's insurance coverage acting on behalf of the physician. Please sign in the designated area.

5 Fax Completed Form to 1-888-882-4037

Please provide the following information:

- ☐ Insurance card(s); front and back
- ☐ Applicable chart notes
- ☐ Applicable laboratory results

INDICATION

- SUPPRELIN® LA (histrelin acetate) subcutaneous implant is indicated for the treatment of children with central precocious puberty (CPP)
- Children with CPP (neurogenic or idiopathic) have an early onset of secondary sexual characteristics (earlier than 8 years of age in females and 9 years of age in males). They also show a significantly advanced bone age that can result in diminished adult height attainment
- Prior to initiation of treatment a clinical diagnosis of CPP should be confirmed by measurement of blood concentrations of total sex steroids, luteinizing hormone (LH) and follicle stimulating hormone (FSH) following stimulation with a GnRH analog, and assessment of bone age versus chronological age. Baseline evaluations should include height and weight measurements, diagnostic imaging of the brain (to rule out intracranial tumor), pelvic/testicular/adrenal ultrasound (to rule out steroid secreting tumors), human chorionic gonadotropin levels (to rule out a chorionic gonadotropin secreting tumor), and adrenal steroids to exclude congenital adrenal hyperplasia

IMPORTANT SAFETY INFORMATION about SUPPRELIN® LA

- SUPPRELIN® LA is contraindicated in patients who are hypersensitive to gonadotropin releasing hormone (GnRH) or GnRH agonist analogs and in females who are or may become pregnant while receiving the drug. SUPPRELIN® LA is pregnancy Category X. SUPPRELIN® LA may cause fetal harm or spontaneous abortion when administered to pregnant patients. If this drug is used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to a fetus.
- SUPPRELIN® LA, like other GnRH agonists, initially causes a transient increase in serum concentrations of estradiol in females and testosterone in both sexes during the first week of treatment, with worsening of symptoms or onset of new symptoms during this period. Within 4 weeks of therapy, gonadal steroid suppression occurs and manifestations of puberty decrease.
- Implant insertion and removal is a surgical procedure and should utilize aseptic technique. Careful adherence to the recommended insertion and removal procedures is recommended to avoid potential complications. Proper surgical technique is critical in minimizing adverse events related to the insertion and the removal of the histrelin implant. On occasion, localizing and/or removal of implant products have been difficult and imaging techniques were used including ultrasound, CT, or MRI (this implant is not radiopaque). In some cases the implant broke during removal and multiple pieces were recovered. Rare events of spontaneous extrusion have been observed in clinical trials. During SUPPRELIN® LA treatment, patients should be evaluated for evidence of clinical and biochemical suppression of CPP manifestation.
- LH, FSH and estradiol or testosterone should be monitored at 1 month post implantation then every 6 months. Every 6-12 months, height and bone age should be assessed.
- In clinical trials, the most common adverse reactions involved the implant site and included discomfort, bruising, soreness, pain, tingling, itching, erythema, and implant area protrusion and swelling.
- Seizures (Nervous system disorders) have been identified during post-approval use of SUPPRELIN® LA. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.
- The safety and effectiveness in pediatric patients under the age of 2 years has not been established. The use of SUPPRELIN® LA in children under 2 years is not recommended.

Please click here for full Prescribing Information.

SUPPRELIN® LA
(histrelin acetate) subcutaneous implant

endo pharmaceuticals
an endo international company

Rx Only

SP-01055d(3)/June 2016 www.supprelinla.com 1-800-462-ENDO (3636)