



Triptodur

Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-855-330-1720.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-888-877-0518**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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Patient's Name: _____ **Date:** _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____

Referring Provider Info: Same as Requesting Provider

Name: _____ **NPI#:** _____
Fax: _____ **Phone:** _____

Rendering Provider Info: Same as Referring Provider Same as Requesting Provider

Name: _____ **NPI#:** _____
Fax: _____ **Phone:** _____

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Required Demographic Information:

Patient Weight: _____ kg

Patient Height: _____ cm

Please indicate the place of service for the requested drug:

- Ambulatory Surgical Home Off Campus Outpatient Hospital
 On Campus Outpatient Hospital Office Pharmacy

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-855-330-1720

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Triptodur with Other Ind SGM - 07/2021.

CVS Caremark Specialty Pharmacy • 2211 Sanders Road NBT-6 • Northbrook, IL 60062
Phone: 1-888-877-0518 • Fax: 1-855-330-1720 • www.caremark.com

Criteria Questions:

1. What is the diagnosis?
 Central precocious puberty (CPP)
 Gender dysphoria
 Preservation of ovarian function
 Recurrent menstrual related attacks in acute porphyria
 Other _____
2. What is the ICD-10 code? _____

Complete the following section based on the patient's diagnosis, if applicable.

Section A: Central Precocious Puberty

3. Is the patient currently receiving the prescribed therapy for central precocious puberty through a paid pharmacy or medical benefit? Yes No *If No, skip to #5*
4. Is the patient experiencing signs of treatment failure such as clinical pubertal progression, lack of growth deceleration, and continued excessive bone age advancement? Yes No *No further questions*
5. Has the patient been evaluated for intracranial tumor(s) by appropriate lab tests and diagnostic imaging, such as computed tomography (CT scan), magnetic resonance imaging (MRI), or ultrasound? Yes No
6. Has the diagnosis of central precocious puberty been confirmed by a pubertal response to a GnRH (gonadotropin-releasing hormone) agonist test or a pubertal level of a third-generation LH (luteinizing hormone) assay? **Action Required: If yes, collect laboratory report or medical record of pubertal response to a GnRH agonist test or a pubertal level of a third-generation LH assay.** Yes No
7. Does the assessment of bone age versus chronological age support the diagnosis of central precocious puberty? Yes No
8. How old was the patient **AT THE ONSET** of secondary sexual characteristics? _____ years

Section B: Gender Dysphoria

9. Is Triptodur prescribed for pubertal hormonal suppression in an adolescent patient? Yes No *If No, skip to #11*
10. Which Tanner Stage of puberty has the patient reached?
 I II III IV V Unknown *No further questions.*
11. Is the patient undergoing gender transition? Yes No
12. Will the patient receive Triptodur concomitantly with gender-affirming hormones? Yes No

Section C: Preservation of Ovarian Function

13. Is the patient premenopausal and undergoing chemotherapy? Yes No

Section D: Prevention of Recurrent Menstrual Related Attacks in Acute Porphyria

14. Is Triptodur prescribed by, or in consultation with, a physician experienced in the management of porphyrias? Yes No

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X _____

Prescriber or Authorized Signature

Date (mm/dd/yy)

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