

# 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.)

First Name  Last Name  MI   
Male  Female  Spanish Speaking   
Address   
City  State  ZIP   
Patient Social Security #  DOB   
Parent/Guardian Name   
Phone #   
Primary Insurance Name   
Phone #   
Subscriber ID #  Group ID #   
Subscriber Name  Subscriber DOB   
Subscriber Social Security #  Phone #   
Report benefits directly to Parent/Guardian: Yes  No   
GnRHa Naive  Continued SUPPRELIN® LA   
Prior Treatment with GnRHa  For Removal of Implant Only

## ICD-10 Code for Primary Diagnosis of Central Precocious Puberty:

E22.8   
Other

Coding is a clinical decision. Please use code that most accurately reflects the diagnosis.

## Authorization and Signature

By signing this Authorization, I authorize my healthcare providers, pharmacies, health insurers and other programs that provide the patient with health benefits to disclose the patient's personal health information (including medical records) and insurance information to Endo Pharmaceuticals Inc. and its representatives and agents (collectively, "Endo"), to use and disclose as may be necessary to assist in the patient's treatment and coordination of care, including, but not limited to, information relating to medical condition, treatment, care management, and health insurance, as well as all information provided on this form and any prescription ("Personal Health Information"), to Endo, the Support Center and representatives, agents and contractors of each, for the following purposes: (1) to establish eligibility for benefits; (2) to communicate with healthcare providers and me about the patient's medical care; (3) to facilitate the provision of products, supplies or services by a third party including, but not limited to, specialty pharmacies; (4) to register the patient in any applicable product registration program required for treatment and (5) to determine eligibility, and if eligible, enrollment into the SUPPRELIN® LA SHARES Copay Assistance Program. I understand that Personal Health Information disclosed under this Authorization may no longer be protected by federal privacy law and may be re-disclosed by the Support Center. I understand that pharmacy providers may receive remuneration for disclosing the patient's Protected Health Information pursuant to this Authorization. I understand that I may refuse to sign this Authorization and that the patient's treatment, payment, enrollment or eligibility for benefits are not conditioned on my signing this Authorization. I understand that I am entitled to a copy of this Authorization. I understand that I may cancel this Authorization at any time by mailing a letter requesting such cancellation to the SUPPRELIN® LA Support Line, PO Box 2910, Phoenix, AZ 85062, but that this cancellation will not apply to any information already used or disclosed through this Authorization. This Authorization expires five (5) years from the date signed below or as dictated by applicable state law.

Patient/Child's Printed Name   
If you are signing this Authorization as a personal representative of the person to receive SUPPRELIN® LA, please state your relationship (e.g., "mother," "father," "legal guardian"):  
Signature  Date   
Phone #  Relationship

## Healthcare Provider Information

Healthcare Provider Name   
Hospital/Clinic   
Address   
City  State  ZIP   
Contact Name  Phone #   
Secure Fax #  UPIN #  DEA #   
NPI #  Tax ID #  Medicaid Provider #

## Coordination of Product Delivery

Shipping Location: Surgical Center/Hospital  Surgeon's Office  Pediatric Endocrinologist's Office   
Ship-to-Address Facility Name  Phone #   
Address   
City  State  ZIP   
Site of Care for Insertion: Hospital  Outpatient Surgical Center   
Preferred Surgeon Name   
Scheduled Date of Insertion (if scheduled)  Phone #   
Address   
City  State  ZIP

## Prescription Information

Product Name   
Dispense  SIG  Refills   
Prescriber Signature  Date

Please see Indication and Important Safety Information about SUPPRELIN® LA on next page.  
Please [click here](#) for full Prescribing Information.

**SUPPRELIN® LA**  
(histrelin acetate) subcutaneous implant

**1** Complete all sections of the form

**3** Sign prescription for fulfillment

**2** Have parent or legal guardian sign  
the Authorization Section

**4** Fax completed form to 1-888-882-4037

## 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.
- Psychiatric events have been reported in patients taking GnRH agonists, including SUPPRELIN® LA. Postmarketing reports with this class of drugs include symptoms of emotional lability, such as crying, irritability, impatience, anger, and aggression. Depression, including rare reports of suicidal ideation and attempt, has been reported for GnRH agonists, including SUPPRELIN® LA, in children treated for central precocious puberty. Many, but not all, of these patients had a history of psychiatric illness or other comorbidities with an increased risk of depression. Monitor for development or worsening of psychiatric symptoms during treatment with SUPPRELIN® LA.
- Postmarketing reports of convulsions have been observed in patients receiving GnRH agonists, including SUPPRELIN® LA. Reports with GnRH agonists have included patients with a history of seizures, epilepsy, cerebrovascular disorders, central nervous system anomalies or tumors, and patients on concomitant medications that have been associated with convulsions such as bupropion and SSRIs. Convulsions have also been reported in patients in the absence of any of the conditions mentioned above.
- 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.
- 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

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MM-05225/February 2018 www.supprelinla.com 1-800-462-ENDO (3636)