

Date Shipment Needed: \_\_\_\_\_ Ship To:  Patient  Prescriber  
 Nursing needed;  Training needed ► All the supplies including syringes and needles will be dispensed if needed.

## CPP REFERRAL FORM

### PATIENT INFORMATION

Patient Name:		DOB:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Weight:	<input type="checkbox"/> lbs. <input type="checkbox"/> kg.
SSN:	Phone:	Allergies:			
Address:		City:	State:	Zip:	
Emergency Contact:		Phone:	<input type="checkbox"/> Please attach demographic information		

### PRESCRIBER INFORMATION

Prescriber:		NPI:	DEA:	State Lic:	
Supervising Physician:		Practice Name:			
Address:		City:	State:	Zip:	
Phone:	Fax:	Key Office Contact:		Phone:	

### DIAGNOSIS INFORMATION / MEDICAL ASSESSMENT

**Primary Diagnosis:**

E30.1- E30.8 Precocious sexual development and puberty, not elsewhere classified / Central Precocious Puberty (CPP)  Other: \_\_\_\_\_

- Has patient been treated *previously* for this condition?  Yes  No Medication(s): \_\_\_\_\_
- Is patient *currently* on therapy?  Yes  No Medication(s): \_\_\_\_\_
- Will patient stop taking the above medication(s) before starting the new medication?  Yes  No If yes: \_\_\_\_\_
- How long should patient wait before starting the new medication? \_\_\_\_\_
- Other medications patient is currently taking including OTC medications with dosage and direction (or fax medication profile): \_\_\_\_\_

### INSURANCE INFORMATION

Please attach front and back of patient's insurance card (medical and prescription)

### COPAY CARD ENROLLMENT

Please check if enrolling in copay card      Copay ID: \_\_\_\_\_

### PRESCRIPTION INFORMATION

**Supprelin® LA (includes implantation kit)**  
 Insert one implant (50 mg) subcutaneously every 12 months (continuous release of 65 mcg per day) QTY: \_\_\_\_\_ Refills: \_\_\_\_\_

- Supprelin LA must be removed after 12 months of therapy, another implant may be inserted to continue therapy if needed
- Discontinuation of Supprelin LA should be considered at the discretion of the physician and at the appropriate time point for the onset of puberty
- Supprelin LA is contraindicated in females who are or may become pregnant

**Lupron Depot®-Ped 7.5 mg (wt: 25 kg or less)**  
 7.5 mg IM every 4 weeks  Other: \_\_\_\_\_ QTY:   1   Refills: \_\_\_\_\_

**Lupron Depot®-Ped 11.25 mg (wt: 25-37.5 kg or less)**  
 11.25 mg IM every 4 weeks  Other: \_\_\_\_\_ QTY:   1   Refills: \_\_\_\_\_

**Lupron Depot®-Ped 15 mg (wt: greater than 37.5 kg)**  
 15 mg IM every 4 weeks  Other: \_\_\_\_\_ QTY:   1   Refills: \_\_\_\_\_

- Discontinuation of Lupron should be considered before age 11 for females and age 12 for males
- Lupron is contraindicated in women who are or may become pregnant

Other: \_\_\_\_\_ QTY: \_\_\_\_\_ Refills: \_\_\_\_\_

**Prescriber's Signature:** \_\_\_\_\_  DAW (Dispense as Written) **Date:** \_\_\_\_\_

Prescriber certifies that this referral form contains an original signature and is signed by the treating prescriber. NO STAMPED SIGNATURES WILL BE ACCEPTED. Where required by law, send electronic prescription or on official state prescription blank. In the event requested agent is not available through the receiving pharmacy, this prescription shall be forwarded to an eligible pharmacy.

**IMPORTANT NOTICE:** This message may contain privileged and confidential information and is intended only for the individual named. If you are not the named addressee, you should not disseminate, distribute or copy this fax. Please notify the sender immediately if you have received this document by mistake, then destroy this document.