FUTURE SCRIPTS

Please complete ALL information below and fax your request to 1-888-671-5285

Orilissa™ Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
❑ Check if **generic substitution** is acceptable ❑ Check if request is for **continuation of therapy**	Directions for Use:	

Clinical Information (required)

Select the diagnosis below:

❑ Moderate to severe pain associated with endometriosis
❑ Other diagnosis: _____ ICD-10 Code(s):_____

Clinical information:

Has the patient had surgical ablation to prevent recurrence? ❑ **Yes** ❑ **No**

Select the medications the patient has had a history of inadequate pain control response (following a trial of at least 3 months), intolerance, or contraindication to:

❑ Combination (estrogen/progesterone) oral contraceptive
❑ Danazol
❑ Progestins

Reauthorization:

For reauthorization requests, answer the following:

Has the patient had improvement in pain associated with endometriosis (e.g., improvement in dysmenorrhea and non-menstrual pelvic pain)? ❑ **Yes** ❑ **No**

Has the treatment duration of Orilissa exceeded a total of 24 months? ❑ **Yes** ❑ **No**

Quantity limit requests:

What is the quantity requested per DAY? _____

What is the reason for exceeding the plan limitations?

❑ Titration or loading dose purposes
❑ Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime)
❑ Requested strength/dose is not commercially available
❑ Other: _____

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

_____

Please note: This request may be denied unless all required information is received.