Nevada Medicaid

Orilissa® (elagolix)
Prior Authorization Request Form

Please provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request. **Please FAX responses to: (844) 259-1689. Phone: (833) 685-2103.**

Member Information (required)			**Provider Information (required)**		
Member Name:			Provider Name:		
Molina 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 requesting brand ❑ Check if request is for initial therapy ❑ Check if request is for recertification of therapy	Directions for Use:	

Clinical Information (required)

Select the diagnosis below:

- ❑ Diagnosis of moderate to severe pain associated with endometriosis.
- ❑ Other diagnosis:_____ ICD-10 Code(s): _____

Drug-Specific Information (required)

- ❑ The recipient has documented history of inadequate pain control response following a trial of Danazol, a combination (estrogen/progesterone) oral contraceptive, or progestins for at least three months.
- ❑ The recipient has documented history of intolerance or contraindication to Danazol, a combination (estrogen/progesterone) oral contraceptive, or progestins.
- ❑ The recipient has had surgical ablation to prevent occurrence.
- ❑ For Orilissa® 200 mg requests only, the treatment duration will not exceed six months.

Reauthorization:

- ❑ The recipient has documented improvement in pain associated with endometriosis (improvement in dysmenorrhea and non-menstrual pelvic pain).
- ❑ Treatment duration has not exceeded a total of 24 months.
- ❑ The request is for Orilissa® 150 mg.

Attach any additional comments, diagnoses, symptoms, medications tried or failed, or other information the physician feels is important to this review

Please note: This request may be denied unless all required information is received. For urgent or expedited requests please call (833) 685-2103. This form may be used for non-urgent requests and faxed to (844) 259-1689.