MHS PHARMACY BENEFIT
UTERINE DISORDERS PRIOR AUTHORIZATION REQUEST FORM

MHS
550 N. Meridian St. Suite 101
Indianapolis, IN, 46204-1208
Phone: (877) 647-4848 Fax: (866) 399-0929

Today's Date
☐☐ / ☐☐ / ☐☐☐☐

Note: This form must be completed by the prescribing provider.
****All sections must be completed or the request will be returned****

Patient's Medicaid # ☐☐☐☐☐☐☐☐☐☐☐☐	Date of Birth ☐☐ / ☐☐ / ☐☐☐☐
Patient's Name	Prescriber's Name
Prescriber's IN License # ☐☐☐☐☐☐☐☐	Specialty
Prescriber's NPI # ☐☐☐☐☐☐☐☐☐☐	Prescriber's Signature
Return Fax # ☐☐☐ - ☐☐☐ - ☐☐☐☐	Return Phone # ☐☐☐ - ☐☐☐ - ☐☐☐☐
Check box if requesting retroactive PA ☐	Date(s) of service requested for retroactive eligibility (if applicable):

Note: Submit PA requests for retroactive claims (dates of service prior to eligibility determination, but within established eligibility timelines) with dates of service prior to 30 calendar days of submission separately from current PA requests (dates of service 30 calendar days or less and going forward).

Requested Medication	Strength	Quantity	Dosage Regimen

PA requirements for Myfembree (relugolix/estradiol/norethindrone acetate) tablet:

1. Member is 18 years of age or older and is a premenopausal female ☐ Yes ☐ No

2. Diagnosis of one of the following:
   - ☐ Menorrhagia associated with uterine leiomyomas (fibroids)
   - ☐ Moderate to severe pain associated with endometriosis

3. Negative pregnancy test in the past 30 days* ☐ Yes ☐ No

4. Laboratory tests confirming no hepatic disease in the past 30 days* ☐ Yes ☐ No

5. Negative bone mineral density test for osteopenia/osteoporosis in the past 6 months*
   ☐ Yes ☐ No

6. Does patient have any of the following contraindications:
   - Current diagnosis or history of breast cancer or other hormone-sensitive malignancies OR increased risk factors for hormone-sensitive malignancies ☐ Yes ☐ No
   - Current diagnosis of risk factors for, or previous history of thromboembolic disorders or vascular events ☐ Yes ☐ No

- Undiagnosed abnormal uterine bleeding □ Yes □ No

7. Requested dose does not exceed 1 tablet (40/1/0.5 mg) per day □ Yes □ No

8. Previous trial and failure of hormonal contraceptives/therapy (oral tablets, vaginal ring, patch, and intrauterine contraception (IUD)) **AND** NSAIDs (for endometriosis indication ONLY) □ Yes □ No

If no, please provide medical rationale: _____

_____

_____

9. Member will not be exceeding 24 months of therapy per lifetime with relugolix/estradiol/norethindrone acetate therapy □ Yes □ No

Note: Chart documentation will need to be provided for questions indicated with asterisk.

PA requirements for Oriahnn (elagolix/estradiol/norethindrone acetate) capsule therapy pack :

1. Member is 18 years of age or older and is a premenopausal female □ Yes □ No

2. Diagnosis of menorrhagia associated with uterine leiomyomas (fibroids) □ Yes □ No

3. Negative pregnancy test in the past 30 days* □ Yes □ No

4. Laboratory tests confirming no hepatic disease in the past 30 days* □ Yes □ No

5. Negative bone mineral density test for osteopenia/osteoporosis in the past 6 months* □ Yes □ No

6. Does patient have any of the following contraindications:
   - Concurrent use of organic anion transporting polypeptide (OATP)1B1 inhibitors that are known or expected to significantly increase elagolix plasma concentrations (e.g., cyclosporine, gemfibrozil) □ Yes □ No
   - Current diagnosis or history of breast cancer or other hormone-sensitive malignancies OR increased risk factors for hormone-sensitive malignancies □ Yes □ No
   - Current diagnosis of risk factors for, or previous history of thromboembolic disorders or vascular events □ Yes □ No
   - Undiagnosed abnormal uterine bleeding □ Yes □ No

7. Requested dose does not exceed 2 capsules (1 x 300/1/0.5 mg; 1 x 300 mg) per day □ Yes □ No

8. Previous trial and failure of hormonal contraceptives/therapy (oral tablets, vaginal ring, patch, and intrauterine contraception (IUD)) □ Yes □ No

If no, please provide medical rationale: _____

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9. Member will not be exceeding 24 months of therapy per lifetime with elagolix/estradiol/norethindrone acetate therapy □ Yes □ No

Note: Chart documentation will need to be provided for questions indicated with asterisk

PA requirements for Orilissa (elagolix) tablet:

1. Member is 18 years of age or older and is female □ Yes □ No

2. Diagnosis of moderate to severe pain associated with endometriosis AND dose does not exceed 150 mg daily □ Yes □ No

   OR

   Diagnosis of moderate to severe pain associate with endometriosis with co-existing endometriosis-related dyspareunia AND dose does not exceed 400 mg daily □ Yes □ No

3. Negative pregnancy test in the past 30 days* □ Yes □ No

4. Laboratory tests confirming no hepatic disease worse than Child-Pugh class B in the past 30 days*
   - Please indicate Child-Pugh classification if applicable:
     - □ Child-Pugh class A □ Child-Pugh class B □ N/A
   - ***Note: Members with Child-Pugh class B will be limited to 150 mg daily dose for a maximum of 6 months irrespective of indication.***

5. Negative bone mineral density test for osteopenia/osteoporosis in the past 6 months* □ Yes □ No

6. Does the patient have the following contraindication:
   - Concurrent use of organic anion transporting polypeptide (OATP)1B1 inhibitors that are known or expected to significantly increase elagolix plasma concentrations (e.g., cyclosporine, gemfibrozil) □ Yes □ No

7. Previous trial and failure of hormonal contraceptives/therapy (oral tablets, vaginal ring, patch, and intrauterine contraception (IUD) **AND** NSAID therapy) □ Yes □ No
   If no, please provide medical rationale:
   _____
   _____
   _____
   _____

Note: Chart documentation will need to be provided for questions indicated with asterisk.

9. Member will not be exceeding 24 months of therapy per lifetime with elagolix □ Yes □ No