MHS PHARMACY BENEFIT

UTERINE DISORDERS PRIOR AUTHORIZATION REQUEST FORM

MHS 429 N. Pennsylvania St. Suite 109 Indianapolis, IN, 46204-1208 Phone: (877) 647-4848 Fax: (866) 399-0929



Today's Date				
Note: This form must be complet	ed by the p	rescribi	ng pro	ovider.
All sections	s must be c	omplete	ed or t	ne request will be returned
Patient's Medicaid #			Date of	of Birth / / /
Patient's Name			Presc	riber's Name
Prescriber's IN License #			Speci	alty
Prescriber's NPI #			Presc	riber's Signature
Return Fax #	-		Retur	- Phone #
Check box if requesting retro-active P.	A			s) of service requested for active eligibility (if applicable):
	prior to 30 cai			to eligibility determination, but within established ubmission separately from current PA requests (dates o
Requested Medication	Strength	Quar	ntity	Dosage Regimen
·	REE (reluge	olix/est	radio	
PA requirements for MYFEMBR 1. Member is 18 years of age or olde	, ,		radio	
PA requirements for MYFEMBR 1. Member is 18 years of age or olde 2. Select one of the following diagnos Menorrhagia associated	er	∃ No leiomyo	mas (fi	
PA requirements for MYFEMBR 1. Member is 18 years of age or olde 2. Select one of the following diagnos Menorrhagia associated	er	No leiomyo with end	mas (fi ometri	/norethindrone acetate): broids) in premenopausal females
PA requirements for MYFEMBR 1. Member is 18 years of age or olde 2. Select one of the following diagnos Menorrhagia associated Moderate to severe pain	er Yes ses: with uterine associated v	□ No leiomyo with end □ Yes	mas (fi ometri □ No	broids) in premenopausal females osis in premenopausal females
PA requirements for MYFEMBR 1. Member is 18 years of age or older 2. Select one of the following diagnor in the management of the severe pain in the pass of the severe pain in the pass of the pass	er Yes ses: with uterine associated v st 30 days* patic disease	leiomyo with end □ Yes e in the p	mas (fi ometri No past 30	broids) in premenopausal females osis in premenopausal females
PA requirements for MYFEMBR 1. Member is 18 years of age or olde 2. Select one of the following diagnor Menorrhagia associated Moderate to severe pain 3. Negative pregnancy test in the past 4. Laboratory tests confirming no her 5. Provider attests that member has Current diagnosis of, risk face events	er Yes ses: with uterine associated vectors disease none of the tetors for, or periods.	leiomyo with end □ Yes e in the properious	mas (fi ometri No oast 30 g contr history	broids) in premenopausal females osis in premenopausal females days*

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indication ONLY	If no , please specify contraindication and medical justification for use:
6. Requested dose is 1 tablet (40/1/0.5 mg) per day	Burnarikan Olimatana
If no, please explain 7. Previous trial and failure of one of the following: • Oriahnn (elagolix/estradiol/norethindrone acetate) for menorrhagia associated with uterine leiomyoma indication ONLY	Prescriber Signature:
7. Previous trial and failure of one of the following: • Orlähnn (elagolix/estradio/Inorethindrone acetate) for menorrhagia associated with uterine leiomyoma indication ONLY □ Yes □ No • Orilissa (elagolix) for endometriosis indication ONLY □ Yes □ No If no, please provide medical justification: 8. Member will not be exceeding 24 months of therapy per lifetime with Myfembree (relugolix/estradio/Inorethindrone acetate) □ Yes □ No If yes, provide medical justification for continued use beyond 24 months and date range or number of months member has received therapy thus far: *Note: Chart documentation will need to be provided for questions indicated with asterisk PA requirements for ORIAHNN (elagolix/estradio/Inorethindrone acetate): 1. Member is 18 years of age or older □ Yes □ No 2. Diagnosis of menorrhagia associated with uterine leiomyomas (fibroids) in premenopausal females □ 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. Provider attests that member has none of the following contraindications to therapy: □ Yes □ No • 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) • Current diagnosis of, risk factors for, or previous history of thromboembolic disorders or vascular events • Current diagnosis or history of breast cancer or other hormone-sensitive malignancies OR increased risk factors for hormone-sensitive malignancies • Diagnosis of osteoporosis • Undiagnosed abnormal uterine bleeding	6. Requested dose is 1 tablet (40/1/0.5 mg) per day ☐ Yes ☐ No
Oriahnn (elagolix/estradiol/norethindrone acetate) for menorrhagia associated with uterine leiomyoma indication ONLY	If no , please explain
8. Member will not be exceeding 24 months of therapy per lifetime with Myfembree (relugolix/estradiol/norethindrone acetate)	 Oriahnn (elagolix/estradiol/norethindrone acetate) for menorrhagia associated with uterine leiomyomas indication ONLY ☐ Yes ☐ No
Yes No	If no , please provide medical justification:
Yes No	
*Note: Chart documentation will need to be provided for questions indicated with asterisk PA requirements for ORIAHNN (elagolix/estradiol/norethindrone acetate): 1. Member is 18 years of age or older	
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 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. Provider attests that member has none of the following contraindications to therapy: □ Yes □ No 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) Current diagnosis of, risk factors for, or previous history of thromboembolic disorders or vascular events Current diagnosis or history of breast cancer or other hormone-sensitive malignancies OR increased risk factors for hormone-sensitive malignancies Diagnosis of osteoporosis Undiagnosed abnormal uterine bleeding 	1. Member is 18 years of age or older □ Yes □ No
 4. Laboratory tests confirming no hepatic disease in the past 30 days* Yes No 5. Provider attests that member has none of the following contraindications to therapy: Yes No 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) Current diagnosis of, risk factors for, or previous history of thromboembolic disorders or vascular events Current diagnosis or history of breast cancer or other hormone-sensitive malignancies OR increased risk factors for hormone-sensitive malignancies Diagnosis of osteoporosis Undiagnosed abnormal uterine bleeding 	
 5. Provider attests that member has none of the following contraindications to therapy: Yes No 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) Current diagnosis of, risk factors for, or previous history of thromboembolic disorders or vascular events Current diagnosis or history of breast cancer or other hormone-sensitive malignancies OR increased risk factors for hormone-sensitive malignancies Diagnosis of osteoporosis Undiagnosed abnormal uterine bleeding 	3. Negative pregnancy test in the past 30 days* \square Yes \square No
 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) Current diagnosis of, risk factors for, or previous history of thromboembolic disorders or vascular events Current diagnosis or history of breast cancer or other hormone-sensitive malignancies OR increased risk factors for hormone-sensitive malignancies Diagnosis of osteoporosis Undiagnosed abnormal uterine bleeding 	4. Laboratory tests confirming no hepatic disease in the past 30 days* ☐ Yes ☐ No
 Current diagnosis or history of breast cancer or other hormone-sensitive malignancies OR increased risk factors for hormone-sensitive malignancies Diagnosis of osteoporosis Undiagnosed abnormal uterine bleeding 	 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) Current diagnosis of, risk factors for, or previous history of thromboembolic disorders or vascular
Undiagnosed abnormal uterine bleeding	 Current diagnosis or history of breast cancer or other hormone-sensitive malignancies OR increased risk factors for hormone-sensitive malignancies
ιι πο, please specify contraindication and medical justification for use:	If no , please specify contraindication and medical justification for use:
	Prescriber Signature:

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6. Requested dose is 2 capsules (1 x 300/1/0.5 mg; 1 x 300 mg) per day ☐ Yes ☐ No
If no , please explain
7. Previous trial and failure of hormonal contraceptives/therapy (oral tablets, vaginal ring, patch, and intrauterine contraception) ☐ Yes ☐ No
If no , please provide medical justification:
8. Member will not be exceeding 24 months of therapy per lifetime with elagolix/estradiol/norethindrone acetate therapy \square Yes \square No
If yes , provide medical justification for continued use beyond 24 months and date range or number of months member has received therapy thus far:
*Note: Chart documentation will need to be provided for questions indicated with asterisk
PA requirements for ORILISSA (elagolix):
TA requirements for Otticlook (elagonix).
1. Member is 18 years of age or older \square Yes \square No
 2. Select one of the following diagnoses: Moderate to severe pain associated with endometriosis with co-existing endometriosis-related dyspareunia AND dose does not exceed 400 mg daily (6-month approval maximum) Moderate to severe pain associated with endometriosis AND requested dose does not exceed 150 mg daily (1 year approval)
3. Negative pregnancy test in the past 30 days* \square Yes \square 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. Provider attests that member has none of the following contraindications to therapy: Yes No Diagnosis of osteoporosis 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)
If no , please specify contraindication and medical justification for use:
Prescriber Signature:
6. Previous trial and failure of hormonal contraceptives/therapy (oral tablets, vaginal ring, patch, and intrauterine contraception) AND NSAID therapy \square Yes \square No
If no , please provide medical justification:

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exceeding 24 months of therapy per lifetime with elagolix ☐ Yes ☐ No
Il justification for continued use beyond 24 months and date range or number of montl therapy thus far:

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