



Nevada Medicaid

Submit fax request to: 855-455-3303

Please note: All information below is required to process this request.

Oriahnn® (elagolix, estradiol and norethindrone) 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:
<input type="checkbox"/> Check if requesting brand <input type="checkbox"/> Check if request is for initial therapy <input type="checkbox"/> Check if request is for recertification of therapy			Directions for Use:		
Clinical Information (required)					
Select the diagnosis below:					
<input type="checkbox"/> Diagnosis of heavy menstrual bleeding associated with uterine leiomyomas (fibroids). <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
Drug-Specific Information (required)					
<input type="checkbox"/> The recipient has documented history of inadequate response following a trial of a combination (estrogen/progesterone) oral contraceptive, progestins, or intrauterine contraception for at least three months. <input type="checkbox"/> The recipient has a documented history of intolerance or contraindication to a combination (estrogen/progesterone) oral contraceptive, progestins, or intrauterine contraception. <input type="checkbox"/> The recipient has had surgical ablation to prevent recurrence.					
Reauthorization:					
<input type="checkbox"/> The recipient has documented improvement in menstrual bleeding. <input type="checkbox"/> Treatment duration has not exceeded a total of 24 months.					

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 1-800-711-4555. This form may be used for non-urgent requests and faxed to 1-800-527-0531.

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