



Federal Employee Program. **ORIAHNN** PRIOR APPROVAL REQUEST

Send completed form to: Service Benefit Plan Prior Approval P.O. Box 52080 MC 139 Phoenix, AZ 85072-2080 Attn. Clinical Services Fax: 1-877-378-4727

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Form with two main sections: Patient Information (required) and Provider Information (required). Includes fields for Date, Patient Name, Date of Birth, Sex, Street Address, City, State, Zip, Patient ID, Provider Name, Specialty, NPI, Office Phone, Office Fax, Office Street Address, City, State, Zip, and Physician Signature. A large 'R' is present in the Patient ID field. A box at the bottom contains the text 'PHYSICIAN COMPLETES'.

Oriahnn

(elagolix, estradiol, and norethindrone acetate)

**Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit

NOTE: Form must be completed in its **entirety** for processing

Is this request for brand or generic? Brand Generic

How many capsules will the patient need for an 84-day supply? _____ capsule(s) per 84 days

1. What is the patient's diagnosis?

- Heavy menstrual bleeding associated with uterine leiomyomas (fibroids)
- Other diagnosis (please specify): _____

2. Is the patient assigned female at birth? Yes No

3. Has the patient already used Myfembree or Oriahnn cumulatively for 24 months? Yes No

4. Is Oriahnn being prescribed by or in consultation with an obstetrician-gynecologist (OB-GYN)? Yes No

5. Does the patient have current or a history of thrombotic or thromboembolic disorders (e.g., women over 35 years of age who smoke or women with uncontrolled hypertension)? Yes No*

*If NO, is the patient at increased risk for thrombotic or thromboembolic disorders? Yes No

6. Does the patient have known liver impairment or disease (e.g., clinically significant elevated transaminases greater than 2 to 3 times upper limit of normal, fibrosis F1-F4, etc)? Yes No

7. Does the patient have a diagnosis of osteoporosis? Yes No

8. Does the prescriber agree to monitor for suicidal ideation and mood disorders? Yes No

9. Will Oriahnn be used in combination with Myfembree? Yes No

10. Is this request for **INITIATION** or **CONTINUATION** of Oriahnn therapy? *Please select answer below:*

INITIATION of therapy, answer the following questions:

- a. Is the patient premenopausal? Yes No
- b. Has pregnancy been excluded? Yes No

CONTINUATION (PA renewal) of therapy, answer the following question:

- a. Is there a documented improvement in the patient's condition? Yes No



**BlueCross
BlueShield.**

Federal Employee Program.

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Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

<p>Electronically Online (ePA) Results in 2-3 minutes FASTEST AND EASIEST</p>	<p>Now you can get responses to drug Prior Authorization requests securely online. Online submissions may receive instant responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to Caremark.com/ePA.</p>
<p>Phone (4-5 minutes for response)</p>	<p>The FEP Clinical Call Center can be reached at (877)-727-3784 between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same information contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.</p>
<p>Fax (3-5 days for response)</p>	<p>Fax the attached form to (877)-378-4727. Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the Prior Authorization request cannot be processed. <u>Please only fax the completed form once as duplicate submissions may delay processing times.</u></p>

<p>faster... easier... better...</p>	<p>Introducing ePA! Online Prior Authorizations in minutes through Caremark.com/ePA. Sign up today!</p> <p>CVS/caremark </p>
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