PACIFIC BLUE CROSS®

DO NOT WRITE IN THIS SPACE

# ORILISSA® REQUEST FORM

Mail: PO Box 7000, Vancouver, BC V6B 4E1 | Drop it off: 4250 Canada Way, Burnaby, BC | Fax: 604 419-2689 | Toll-free fax: 1 844 419-2689 | pac.bluecross.ca

⊘ PLEASE DO NOT STAPLE

**HOW TO COMPLETE THIS FORM:**
**PLAN MEMBERS — Please complete RED portions of this form.**
**PHYSICIANS — Please complete BLACK portions of this form.**

Don't forget to sign *Part 6 — Member Consent and Declaration* before you submit your claim.

The patient is responsible for any fees charged by the physician for completion of this form. These fees are not eligible for reimbursement under your Pacific Blue Cross Extended Health Care plan.

Completion of this form does NOT imply approval for this drug. Coverage is based on the provisions of your Extended Health Care plan and Pacific Blue Cross qualification criteria.

## PART 1 — PLAN MEMBER INFORMATION

| First name | Last name | Patient's first name (if different than member's name) | Patient's last name |
|---|---|---|---|
| Patient's birthdate (mm-dd-yyyy) | Daytime phone number (10 digits) | Policy number | ID number |

| Street address | City | Province | Postal code |
|---|---|---|---|

## PART 2 — PHYSICIAN TO COMPLETE

| Physician's name | College ID | Phone number (10 digits) | Fax number (10 digits) |
|---|---|---|---|

| Street address | City | Province | Postal code |
|---|---|---|---|

Physician's area of specialty (if applicable): ____________________

I certify the medical information provided is accurate and current:

| Physician's signature **X** | Date (mm-dd-yyyy) |
|---|---|

## PART 3 — DRUG REQUESTED

☐ Elagolix 150mg (Orilissa®) once daily (maximum of 12 months treatment per lifetime)
☐ Elagolix 200mg (Orilissa®) twice daily (maximum of 6 months treatment per lifetime)
☐ Other: ____________________

## PART 4 — PATIENT INFORMATION (to be completed by physician)

Indication:
☐ Moderate to severe pain associated with endometriosis
☐ Other: ____________________

## PART 5 — ADDITIONAL INFORMATION

____________________

____________________

## PART 6 — MEMBER CONSENT AND DECLARATION

**IMPORTANT: This section must be signed before submitting your form.**

**I declare that all information in this form is true and complete. I understand Pacific Blue Cross will use the personal information on this form, and any other personal information they hold about me and my eligible dependents to determine eligibility for benefits and pay claims.**

**I acknowledge and agree that personal information about me and my eligible dependents may be collected, used and exchanged between Pacific Blue Cross and any other person or organization related to this claim or the administration of my benefit plan. This includes health care professionals, institutions, investigative agencies, insurers/re-insurers, government organizations or regulatory bodies. I acknowledge disclosure of my personal information by Pacific Blue Cross to my plan sponsor when required or permitted by law or pursuant to its contractual obligations under my benefit plan. I understand I may revoke this consent at any time and acknowledge that should I do so, this claim may not be considered.**

**If there is overpayment, I authorize its recovery from any amount payable to me under my benefit plan(s).**

**I have read and understand this Member Consent and Declaration and agree that a photocopy or digital version shall be as valid as the original and may remain in effect for the continued administration of this plan. I authorize my physician to release my personal information to Pacific Blue Cross to obtain approval for prescription benefit.**

| Member's signature **X** | Date (mm-dd-yyyy) |
|---|---|

**Place your receipts loose and flat in the envelope — no staples, paperclips or tape. Also no cashier or Interac receipts.**

®* Pacific Blue Cross is a registered trademark of the Canadian Association of Blue Cross Plans (CABCP) and registered tradename of PBC Health Benefits Society (PBC), an independent licensee of CABCP. †Blue Shield is a registered trademark of Blue Cross Blue Shield Association. Life and Property & Casualty insurance is sold through PacBlue Life Services Ltd., a licensed insurance agency, and underwritten by various underwriters. For information on underwriters visit www.pac.bluecross.ca/disclosure. PacBlue Life Services Ltd. is a subsidiary of Pacific Blue Cross. All rights reserved. 0670.010.17 03/23 CUPE 1816