

Patient Information

Please Check One: **Prospective Patient** (patient does not have a prescription) **Current Patient** (patient has a prescription)

Patient Name: _____ Gender: Female

Date of Birth: _____ Patient Address: _____

Patient Email: _____ City/State/Zip: _____

Primary Phone #: Home Cell _____ Alternate Phone #: Home Cell _____

Insurance Information

Uninsured **Insured** (Fax a copy of front & back of insurance card OR complete table below)

	Primary Pharmacy Benefit	Secondary Pharmacy Benefit
Plan/PBM Name:	_____	_____
Plan Phone #:	_____	_____
Policy Holder Name:	_____	_____
Policy Holder DOB:	_____	_____
Policy #:	_____	_____
Group #:	_____	_____
BIN #:	_____	_____
PCN #:	_____	_____

Prescriber and Clinical Information

Prescriber Name: _____ Office Name: _____

NPI #: _____ Address: _____

Prescriber Specialty: _____

Office Contact: _____

Office Contact Phone #: _____ City/State/Zip: _____
Please provide direct line to office contact to avoid delays.

Office Fax #: _____

Date of Diagnosis: _____ Diagnosis: _____ ICD-10 Code: _____

Current/Prior Therapies: _____ Allergies: _____

Prescription

ORILISSA (elagolix) tablets, 150 mg Quantity: _____ Refill(s): _____ Directions for Use: _____

ORILISSA (elagolix) tablets, 200 mg Quantity: _____ Refill(s): _____ Directions for Use: _____

Dispense as Written / Do Not Substitute _____ Date _____ Substitution Permitted _____ Date _____

I authorize Ori for Me and its affiliates, agents, representatives and service providers to serve as my agent for purposes of transmitting this prescription to the dispensing pharmacy designated by the patient utilizing their benefit plan. Prescriber must sign manually (rubber stamps or electronic signature will not be accepted). The prescriber is to comply with his/her state-specific prescription requirements such as e-prescribing, state-specific prescription form, fax language, etc. Noncompliance with state-specific requirements could result in outreach to the prescriber.

Preferred Pharmacy Name: _____ Pharmacy Phone #: _____

Pharmacy Address: _____

IMPORTANT INFORMATION: By submitting this form, you are referring the above patient to AbbVie's patient support program to determine eligibility and receive support related to an AbbVie product. AbbVie, its affiliates, collaborators and agents will use this information to provide the patient support and perform research and analytics, on a de-identified basis, for management of the program. For more information, visit www.abbvie.com/privacy.html. Please share this information with your patient.

Please see Indication and Important Safety Information on page 2.
Please see accompanying Full Prescribing Information.

INDICATION AND IMPORTANT SAFETY INFORMATION¹

INDICATION

ORILISSA® (elagolix) is indicated for the management of moderate to severe pain associated with endometriosis.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

- ORILISSA is contraindicated in women who are pregnant (exposure to ORILISSA early in pregnancy may increase the risk of early pregnancy loss), in women with known osteoporosis or severe hepatic impairment (due to risk of bone loss), or with concomitant use of strong organic anion transporting polypeptide (OATP) 1B1 inhibitors (e.g., cyclosporine and gemfibrozil).

WARNINGS AND PRECAUTIONS

Bone Loss

- ORILISSA causes a dose-dependent decrease in bone mineral density (BMD), which is greater with increasing duration of use and may not be completely reversible after stopping treatment.
- The impact of ORILISSA-associated decreases in BMD on long-term bone health and future fracture risk is unknown. Consider assessment of BMD in patients with a history of low-trauma fracture or other risk factors for osteoporosis or bone loss, and do not use in women with known osteoporosis.
- Limit the duration of use to reduce the extent of bone loss.

Change in Menstrual Bleeding Pattern and Reduced Ability to Recognize Pregnancy

- Women who take ORILISSA may experience a reduction in the amount, intensity, or duration of menstrual bleeding, which may reduce the ability to recognize the occurrence of pregnancy in a timely manner. Perform pregnancy testing if pregnancy is suspected, and discontinue ORILISSA if pregnancy is confirmed.

Suicidal Ideation, Suicidal Behavior, and Exacerbation of Mood Disorders

- Suicidal ideation and behavior, including one completed suicide, occurred in subjects treated with ORILISSA in the endometriosis clinical trials.
- ORILISSA users had a higher incidence of depression and mood changes compared to placebo and ORILISSA users with a history of suicidality or depression had an increased incidence of depression. Promptly evaluate patients with depressive symptoms to determine whether the risks of continued therapy outweigh the benefits. Patients with new or worsening depression, anxiety, or other mood changes should be referred to a mental health professional, as appropriate.
- Advise patients to seek immediate medical attention for suicidal ideation and behavior. Reevaluate the benefits and risks of continuing ORILISSA if such events occur.

Hepatic Transaminase Elevations

- In clinical trials, dose-dependent elevations of serum alanine aminotransferase (ALT) at least 3 times the upper limit of the reference range occurred with ORILISSA.
- Use the lowest effective dose and instruct patients to promptly seek medical attention in case of symptoms or signs that may reflect liver injury, such as jaundice.
- Promptly evaluate patients with elevations in liver tests to determine whether the benefits of continued therapy outweigh the risks.

Reduced Efficacy with Estrogen-Containing Contraceptives

- Based on the mechanism of action of ORILISSA, estrogen-containing contraceptives are expected to reduce the efficacy of ORILISSA. The effect of progestin-only contraceptives on the efficacy of ORILISSA is unknown.
- Advise women to use non-hormonal contraceptives during treatment and for one week after discontinuing ORILISSA.

ADVERSE REACTIONS

- The most common adverse reactions (>5%) in clinical trials included hot flashes and night sweats, headache, nausea, insomnia, amenorrhea, anxiety, arthralgia, depression-related adverse reactions, and mood changes.

These are not all the possible side effects of ORILISSA.

Safety and effectiveness of ORILISSA in patients less than 18 years of age have not been established.

For more information, please see accompanying Full Prescribing Information.

REFERENCE

1. Orilissa [package insert]. North Chicago, IL: AbbVie Inc.