



Endometriosis Prior Authorization Guidelines

In general, the following criteria need to be met to obtain prior authorization approval. In the event of a prior authorization denial, recommended formulary alternatives will be provided to the prescriber based upon the patient's insurance coverage. If a prior authorization and recommended formulary alternatives are denied, our team can provide appeal support services.

Standard Requirements

- Diagnosis Code(s) for Endometriosis include:
 - o N80.9: Endometriosis, unspecified; N80.8: Other Endometriosis;
 - o N80.0: Endometriosis of uterus; N80.1: Endometriosis of ovary;
 - o N80.2: Endometriosis of fallopian tube; N80.3: Endometriosis of pelvic peritoneum;
 - o N80.5: Endometriosis of intestine; N80.6: Endometriosis in cutaneous scar
 - o N80.4: Endometriosis of retrovaginal septum & vagina
- Diagnostic Procedures Performed (e.g. pelvic exam, laparoscopy)
- Medical history outlining symptoms of the disease (e.g. Dysmenorrhea, menorrhagia, pain with intercourse, digestive complications)
- Endometriosis Disease Progression: Stage I- Stage IV
- Prior Failed Therapy (if any)
 - o Combined Hormonal Contraceptives
 - o Oral Progestins
 - o Adjunctive Therapy with NSAIDs
 - o GnRH Antagonists
 - o Aromatase Inhibitors
 - o Androgens
 - o Surgical Interventions
- Any Contraindication to Step- Therapy (e.g. History of cerebrovascular disease, peptic ulcer disease, renal impairment)
- Negative pregnancy test results.
- Concomitant conditions: Osteoporosis (T-Score/DEXA Scan), Severe Hepatic Impairment (Child Pugh C)

1201 Haddon Avenue
Camden, NJ 08103