Orilissa (elagolix)

Coverage Criteria:

1. Prescribed by or in consultation with a prescriber specializing in obstetrics and gynecology. Exceptions will be made on a case by case basis for patients that have geographical or other restraints limiting access to a specialist; and,
2. Patient is ≥ 18 years of age; and,
3. Patient has a diagnosis of endometriosis that is causing moderate to severe pain; and,
4. Patient has tried and failed or has a contraindication to all of the following;
    a. Prescription strength non-steroidal anti-inflammatory therapy (NSAID); and,
    b. Continuous oral contraceptive therapy or high dose progesterone therapy (equivalent to medroxyprogesterone 10-20 mg); and,
    c. Attestation that a surgical intervention has been discussed and is not an appropriate treatment option or patient declines procedure; and,
5. Patient does not have a contraindication to Orilissa therapy. Contraindications include pregnancy, osteoporosis and severe hepatic impairment (Child-Pugh class C); and,
6. Prescribed within FDA approved dosing regimen, including appropriate limits on total duration of therapy

Coverage Duration:

Initial authorization will be provided for 6 months.
Reauthorization will be provided for 18 months.
Please note: There is a maximum lifetime duration of 24 months with an elagolix product, Orilissa and/or Oriahnn, as outlined in the medication's prescribing information. Total therapy durations exceeding 24 months will not be approved.

Other Criteria:
Orilissa 150 mg: 28 tablets for a 28 day supply
Orilissa 200 mg: 56 tablets for a 28 day supply

Renewal Criteria:

1. The request is for Orilissa 150 mg tablets (dosed at one tablet per day). Requests for coverage of Orilissa 200 mg tablets exceeding a 6 month, lifetime, duration will not be approved; and,
2. The patient has had a positive response to therapy (which includes a decrease in pain since starting on the medication).