

<b>POLICY NAME</b>	Orilissa (elagolix)	<b>POLICY #</b>	2679P
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## Criteria

### Coverage Criteria

- ☐ 1.1 Diagnosis of moderate to severe pain associated with endometriosis
- ☐ 1.2 Age 18 years or older
- ☐ 1.3 Prescribed by or in consultation with an obstetrician-gynecologist (women's health doctor)
- ☐ 1.4 Documented failure, intolerance, or contraindication to a 3-month trial of non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen AND oral contraceptives

### Exclusion Criteria – Any of the following prevents coverage

- ☐ 2.1 Orilissa will not be covered if the member is concurrently receiving therapy with a GnRH agonist or antagonist.
- ☐ 2.2 Continued coverage is not allowed after the originally approved regimen is completed (150mg daily for 24 months OR 200mg twice daily for 6 months)
  - Orilissa is associated with dose-dependent irreversible decrease in bone mineral density