

Pharmacy Drug Policy Checklist

POLICY NAME Orilis	ssa (elagolix) POL	ICY # 2679P
--------------------	--------------------	-------------

Criteria

Exclusion Criteria – Any of the following prevents coverage		
	 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 	
Cov	rerage 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	
Qua	intity Limit	
	3.1 150mg: #30/30 days	
	3.2 200mg: #60/30 days	