

elagolix tablet (ORILISSA)

Diagnosis Considered for Coverage:

- Moderate to severe pain associated with endometriosis

Coverage Criteria:

For diagnosis listed above:

INITIAL REQUEST

- Provider attestation of moderate to severe pain due to endometriosis, **and**
- Prescribed by or in consultation with a specialist in women's health (e.g. gynecologist, obstetrician, endocrinologist), **and**
- Dose does not exceed FDA label maximum, **and**
- Inadequate response, intolerable side effect, or contraindication with TWO first-line drug therapies for endometriosis-associated pain:
 - NSAIDs (i.e. ibuprofen, naproxen, etc.)
 - Combination estrogen with progesterone hormonal contraceptive
 - Progestogens (oral or depot medroxyprogesterone acetate, levonorgestrel-IUD, norethindrone)
 - GnRH analog (e.g. leuprolide IM injection, goserelin implant, nafarelin nasal spray)

Coverage Duration: 3 months

REAUTHORIZATION REQUEST

- Reduction in daily endometriosis-associated pain, **and**
- Dose does not exceed FDA label maximum.

Coverage Duration:

- For 150 mg twice per day- 21 months
- For 200 mg twice per day- 3 months

Coverage Duration: see coverage criteria

Effective Date: 6/28/2023