

Effective Date: 01/01/2019
Reviewed: 2/2019, 5/2020, 4/2020, 3/2022, 3/3023, 3/2024
Scope: Medicaid

Orilissa (elagolix)

POLICY

I. CRITERIA FOR APPROVAL

An authorization may be granted when all the following criteria are met:

- A. Orilissa is being used for Endometriosis-related pain that is moderate to severe
- B. Member tried and failed or has a contraindication to two of the following:
 - a. Norethindrone 5mg Tablets, Danazol, Zoladex injection
- C. Member does not have Severe Hepatic Impairment (Child-Pugh Class C) or moderate Hepatic Impairment (Child-Pugh Class B) at a dose greater than Orilissa 150mg daily

II. QUANTITY LIMIT AND COVERAGE DURATION

Orilissa 200mg twice daily with Dyspareunia – 6 months (max duration of therapy)

Orilissa 150mg daily – 24 months (max duration of therapy)

Orilissa 150mg daily with Moderate Hepatic Impairment (Child-Pugh Class B) – 6 months (max duration of therapy)

III. REFERENCES

1. Orilissa [package insert]. North Chicago, IL: AbbVie Inc.; June 2023.