



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 18, 2019

ORILISSA™ (elagolix)

LENGTH OF AUTHORIZATION: SIX MONTHS

REVIEW CRITERIA:

- Patient is ≥ 18 years of age.
- Diagnosis of moderate to severe pain associated with endometriosis
- Prescribed or in consultation with a gynecologist
- Patient is premenopausal
- Documented trial and failure of analgesics
- Documented trial and failure of hormonal contraceptives, and/or progestin containing oral or depot (e.g. norethindrone)

DOSING AND ADMINISTRATION:

- 150 mg orally once daily for up to 24 months
- 200mg orally twice daily for up to 6 months (dyspareunia)
- 150 mg orally once daily for up to 6 months (moderate hepatic impairment)