



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service  
Prior Authorization Criteria

**Orilissa® (elagolix)**

**Effective 1/01/2020**

**Prior Authorization Request Form**

*Orilissa is a gonadotropin-releasing hormone (GnRH) receptor antagonist indicated for the management of moderate to severe pain associated with endometriosis.*

**Prior authorization requests for Orilissa may be approved if the following criteria are met:**

1. The patient must be within the age range as recommended by the FDA label; **AND**
2. Patient must not be pregnant; **AND**
3. Patient has failed to achieve significant symptomatic relief with NSAID therapy (please provide documentation); **AND**
4. Patient has failed a 90-day trial with one agent from each of the following categories (unless contraindicated):
  - a. GnRH agonist
  - b. Extended-cycle combined oral contraceptive **OR** progestin therapy

**\*Initial prior authorization will be for 90 days.  
Continuation of coverage requires clinically significant improvement in symptoms as compared to that seen using previous therapy.**

**References**

- 1.) Orilissa Package Insert (7/2018)
- 2.) LexiComp monograph on Orilissa (reviewed 9/17/2018)
- 3.) UpToDate article on Endometriosis: Treatment of pelvic pain (reviewed 11/18/2019)
- 4.) ACOG updates guideline on diagnosis and treatment of endometriosis. Am Fam Physician. 2011 Jan 1;83(1):84-85
- 5.) Institute for Clinical and Economic Review Final Report Highlights Limitations in Evidence on Long-term Safety and Effectiveness of Elagolix for Endometriosis, Discusses Options for Insurance Coverage Criteria. August 3, 2018