BlueCross BlueShield Federal Employee Program

ORILISSA
(elagolix)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Gender Female

Diagnosis

The patient must have the following:

Moderate to severe pain associated with endometriosis

AND ALL of the following:

1. Baseline evaluation of condition using a validated tool such as:
    a. Biberoglu and Behrman (B&B) Scale*
    b. Composite Pelvic Signs and Symptoms Score (CPSSS)
    c. Visual Analog Scale (VAS)**
    d. Numerical Rating Scale (NRS)***
    e. Other qualified assessment tool

B&B scale: *https://www.researchgate.net/figure/Biberoglu-and-Behrman-score_fig2_232262472*
VAS: *http://img.medscape.com/article/742/580/VAS.pdf*
NRS: https://www.sralab.org/sites/default/files/2017-07/Numeric%20Pain%20Rating%20Scale%20Instructions.pdf

2. Females of reproductive potential **only**: patient is not currently pregnant and will be advised to use effective non-hormonal contraception while on therapy and for 28 days after discontinuing Orilissa
3. Inadequate treatment response, intolerance, or contraindication to a 3 month trial of NSAIDs **OR** oral contraceptives
4. Medication is being prescribed by or in consultation with an obstetrician-gynecologist (OB-GYN)
5. **NO** severe hepatic impairment (Child-Pugh Class C)
6. **NO** osteoporosis
7. Prescriber agrees to monitor for suicidal ideation and mood disorders

Prior - Approval Limits

Quantity

Drug	Quantity
Orilissa 150mg	84 tablets per 84 days **OR**
Orilissa 200mg	168 tablets per 84 days

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Gender Female

Diagnosis

The patient must have the following:

Moderate to severe pain associated with endometriosis

AND ALL of the following:

1. Documented improvement in endometriosis-related pain
2. Females of reproductive potential **only**: patient is not currently pregnant and will be advised to use effective non-hormonal contraception while on therapy and for 28 days after discontinuing Orilissa
3. Medication is being prescribed by or in consultation with an obstetrician-gynecologist (OB-GYN)
4. **NO** moderate to severe hepatic impairment (Child-Pugh Class B or C)
5. **NO** osteoporosis
6. Prescriber agrees to monitor for suicidal ideation and mood disorders

Prior - Approval *Renewal* Limits

Quantity

Drug	Quantity
Orilissa 150mg	84 tablets per 84 days
Orilissa 200mg	**NO** renewal

Duration 18 months – **One renewal ONLY for 150mg**