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Pharmacotherapy for endometriosis

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Hormonal therapies

Combined oral contraceptives[1-14] *(listed in order of increasing estrogen dose)*

Role: First-line pharmacological therapy.
Considerations before prescribing:

- Rule out pregnancy and assess reproductive intentions; avoid hormonal therapies in those trying to conceive.
- Continuous hormonal contraception suppresses menstruation. A monthly period is not required to be healthy. See Talking tip on cyclic vs continuous use in the clinical tool.
- Conduct thorough physical exam and individual and family history. Target exam according to comorbidities.
- Rule out clotting system disturbances and family history of thromboembolic diseases at young age.
- HPV test if patient has been sexually active or otherwise indicated.

Medication	Considerations	Dosage	Cost/Coverage (1 month)
Ethinyl Estradiol + Levonorgestrel (Alesse®, Alysena®, Aviane®, Audrina®, Laylaa®) 20 mcg/0.1 mg tablets (21 or 28 tabs/pack)	**Regimen options:** • Cyclic: ✓ • Continuous: ✓	1 tablet daily PO.	**Brand:** $31 **Generic:** $17 **ODB:** ✓ **NIHB:** ✓
Ethinyl Estradiol + Drospirenone (Yaz®, MYA®) 20 mcg/3 mg (28 tabs/pack)	**Regimen options:** • Cyclic: ✓ • Continuous: ✓ ★ **Potential benefits:** For coexisting acne, polycystic ovary syndrome. ? **Adverse events:** Risk of hyperkalemia if prone to increased K^+, check K^+ after first cycle; may increase risk of VTE compared to levonorgestrel-containing COCs.	1 tablet daily PO.	**Brand:** $32 **Generic:** $22 **ODB:** ✓ **NIHB:** ✓
Ethinyl Estradiol + Desogestrel (Marvelon®, Apri®, Freya®, Mirvala®, Miley®) 30 mcg/0.15 mg tablets (21 or 28 tabs/pack)	**Regimen options:** • Cyclic: ✓ • Continuous: ✓ ★ **Potential benefits:** For coexisting acne.	1 tablet daily PO.	**Brand:** $39 **Generic:** $19 **ODB:** ✓ **NIHB:** ✓
Ethinyl Estradiol + Levonorgestrel (Min-Ovral®, Portia®, Ovima®) 30 mcg/0.15 mg tablets (21 or 28 tabs/pack)	**Regimen options:** • Cyclic: ✓ • Continuous: ✓ ★ **Potential benefits:** For coexisting acne.	1 tablet daily PO.	**Brand:** $35 **Generic:** $21 **ODB:** ✓ **NIHB:** ✓

Medication	Considerations	Dosage	Cost/Coverage (1 month)
Ethinyl Estradiol + Levonorgestrel (Seasonale®, Seasonique®, Indayo®) 30 mcg/0.15 mg tablets (91 tabs/pack)	**Regimen options:** • Cyclic: X • Continuous: ✓ ★ **Potential benefits:** For coexisting acne.	1 tablet daily PO. Note: Seasonale® has 1 week of placebo pills; Seasonique® is all active pills.	**Brand:** $42/month **Generic:** $29/month **ODB:** X **NIHB:** ✓
Ethinyl Estradiol + Drospirenone (Yasmin®, Zamin®) 30 mcg/30 mcg tablets (21 or 28 tabs/pack)	**Regimen options:** • Cyclic: ✓ • Continuous: ✓ ★ **Potential benefits:** For coexisting acne. **Adverse events:** Risk of hyperkalemia if prone to increased K^+, check K^+ after first cycle; may increase risk of VTE compared to levonorgestrel-containing COCs.	1 tablet daily PO.	**Brand:** $27 **Generic:** $20 **ODB:** ✓ **NIHB:** ✓
Ethinyl Estradiol + Norethindrone (Brevicon® 0.5/35) 35 mcg/0.5 mg tablets (21 or 28 tabs/pack)	**Regimen options:** • Cyclic: ✓ • Continuous: ✓	1 tablet daily PO.	**Brand:** $32 **Generic:** N/A **ODB:** ✓ **NIHB:** ✓
Ethinyl Estradiol + Norethindrone (Brevicon® 1/35, Select® 1/35) 35 mcg/1 mg tablets (21 or 28 tabs/pack)	**Regimen options:** • Cyclic: ✓ • Continuous: ✓	1 tablet daily PO.	**Brand:** $32 **Generic:** $26 **ODB:** ✓ (except Select® 1/35) **NIHB:** ✓

Safety:

- **Absolute contraindications:**
  - **CV:** uncontrolled HTN, thrombophlebitis or thromboembolic disorders, myocardial infarction or coronary arterial disease, deep vein thrombosis, thrombogenic valvulopathies and thrombogenic rhythm disorders, hereditary or acquired thrombophilias
  - **Endo:** active liver disease or abnormal LFT, benign/malignant liver tumours, diabetes with vascular involvement, pancreatitis associated with severe hypertriglyceridemia
  - **Neuro:** migraine with focal neurological symptoms, cerebrovascular disorders
  - **Repro:** undiagnosed vaginal bleeding, pregnancy
  - **Other:** carcinoma of the breast, estrogen-dependent neoplasia, steroid-dependent jaundice, cholestatic jaundice, jaundice of pregnancy, any ocular lesion arising from ophthalmic vascular disease, smoker >35 y (≥15 cigarettes/day), <6 wk postpartum if breastfeeding
- **Relative contraindications:**
  - **Monitor closely in people with:** current smoking (greatly increases the risk of adverse events; ensure to quantify the amount and duration of smoking to weigh risks and benefits), diabetes or family history or predisposed to diabetes or impaired glucose tolerance, fibroids, hyperlipidemias, history of jaundice, controlled HTN.
  - **Use caution in people with:** risk factors for arterial thrombotic and thromboembolic events, history of jaundice, symptomatic gall bladder disease, hereditary angioedema, history of emotional disturbances, especially depression.
- **Common adverse events:** breakthrough bleeding/spotting (usually improves within first 3 months), amenorrhea (more common with continuous use), nausea/vomiting, bloating, chloasma, breast tenderness, mood changes (e.g., depression), headaches
- **Major adverse events:** thromboembolism (rare), stroke, retinal artery thrombosis, myocardial infarction, benign liver tumor, cholelithiasis, HTN

Progestogens[1-3, 13-20]

Considerations before prescribing:

- Some progestins may decrease BMD in adolescents.
- Conduct thorough physical exam and individual and family history. Target exam according to comorbidities.
- Consider general bloodwork including cholesterol and blood sugar to monitor for adverse events.
- HPV test if patient has been sexually active or otherwise indicated.
- Rule out pregnancy.
- For intrauterine system, rule out sexually transmitted infections and any genital infections must be fully treated.

Medication	Considerations	Dosage	Cost/Coverage (1 month)
Medroxyprogesterone Acetate (Depo-Provera®) (Injectable)	• Depo-Provera® should not be used before menarche. • Should only be used if other options are unsuitable or unacceptable and only for the shortest time possible. • Consider long-term loss of BMD, which may not be fully recoverable, especially in adolescents. • **Amenorrhea:** common especially after 12-24 months. **Contraindications:** **CV:** thrombophlebitis or thromboembolic disorders, myocardial infarction or coronary artery disease, presence of severe or multiple risk factor(s) for arterial or venous thrombosis, severe HTN, hereditary or acquired predisposition for venous or arterial thrombosis, severe dyslipoproteinemia, heavy smoking (e.g., >15 cigarettes per day) and over age 35 **Endo:** liver disease or liver tumours, diabetes with vascular involvement **Neuro:** cerebrovascular disorders, including cerebral apoplexy, migraine with focal aura **Other:** any ocular lesion arising from ophthalmic vascular disease, liver disease or liver tumours, carcinoma of the breast, breast pathology **Adverse events:** breast tenderness, insomnia or somnolence, fatigue, mood changes, dizziness, headache, skin sensitivity reactions, hyperpyrexia, weight changes, acne, long-term: decrease in BMD, delayed return of fertility	150 mg every 6–12 wks intramuscularly. Dose should not be separated longer than 13 weeks apart.	**Brand:** $53-106 (every 6-12 wks) **Generic:** N/A **ODB:** ✓ **NIHB:** ✓
Levonorgestrel Intrauterine System (Mirena®, Kyleena®) (Intrauterine System)	• **Amenorrhea:** spotting during the first three months is common. **Contraindications:** **CV:** bacterial endocarditis **Endo:** liver disease or dysfunction, liver tumours **Repro:** current or recurrent pelvic inflammatory disease, lower genital tract infection, postpartum endometritis, uterine anomalies including fibroids if they distort the uterine cavity, uterine or cervical malignancy, cervicitis, cervical dysplasia, septic abortion within the previous three months, trophoblastic disease while hCG levels are elevated, previously inserted intrauterine device that has not been removed, conditions associated with increased susceptibility to pelvic infections **Other:** established immunodeficiency, acute malignancies affecting blood or leukemias **Adverse events:** spotting for first 3 months, menstrual changes such as amenorrhea.	Insert every 5 years. **Note:** While Mirena may be used for up to 8 years for contraception, efficacy may decrease for endometriosis after 5 years. Evaluate effectiveness when determining duration.	**Brand:** $445 (5 years) (~7.50/month) **Generic:** $418 (5 years) (~7 /month) **ODB:** ✓ **NIHB:** ✓

Medication	Considerations	Dosage	Cost/Coverage (1 month)
Dienogest (Visane®) (28 tabs/pack)	• **Amenorrhea:** common especially after 12 weeks. **Contraindications:** **CV:** active VTE, arterial and CV disease **Endo:** severe hepatic disease if LFTs abnormal, liver tumours (benign/malignant), diabetes with vascular involvement **Neuro:** migraine with focal aura **Repro:** lactation **Other:** any ocular lesion arising from ophthalmic vascular disease, such as partial or complete loss of vision or defect in visual fields **Adverse events:** headache, breast discomfort, weight gain, mood changes, nausea	1 tablet of 2 mg daily PO.	**Brand:** $84 **Generic:** $29 **ODB:** ✓ (LU 432) **NIHB:** ✓
Norethindrone Acetate (Norlutate®)	• **Amenorrhea:** common. **Contraindications:** **CV:** VTE or active thrombophlebitis, arterial thromboembolic disease **Endo:** liver dysfunction or disease if LFTs abnormal **Repro:** missed abortion **Other:** breast cancer, partial/complete loss of vision due to ophthalmic vascular disease **Use with caution in people with:** Metabolic and malignant bone diseases associated with hypercalcemia and renal insufficiency; history of liver and/or biliary disorders or impaired liver function; systemic lupus erythematosus; conditions influenced by fluid retention, such as asthma, or cardiac or renal dysfunction; severity of condition in rare hereditary galactose intolerance, lactase deficiency or glucose-galactose malabsorption as it contains lactose. Discontinue and examine carefully if there is complete loss of vision or sudden onset of proptosis, diplopia, or migraine. **Adverse events:** breakthrough bleeding, spotting, weight gain, mood changes	**Initial:** 5 mg daily PO for 2 weeks. **Maintenance:** Increments of 2.5 mg/day every 2 weeks until 15 mg/day is reached.[17] **Max:** 15 mg/day. Therapy may be held at this level from 6 to 9 months or until breakthrough bleeding demands temporary termination. **When using as add-back therapy with GnRH Antagonist:** 5 mg daily PO.	**Brand:** $80-213 **Generic:** N/A **ODB:** X (LU 432) **NIHB:** X

Safety:

- **Absolute contraindications:** known or suspected pregnancy, undiagnosed vaginal bleeding, undiagnosed abnormal genital/uterine bleeding, known or suspected progestogen-dependent malignancies, hypersensitivity to ingredients in the formulation
- **Relative contraindications:**
  - **Monitor closely in people with:** long-term use (monitor BMD), diabetes or family history or predisposed to diabetes or impaired glucose tolerance, history of jaundice, controlled HTN, history of emotional disturbances, especially depression
  - **Use caution in people with:** adolescence or other risk factors for bone loss (some progestins may decrease BMD), smoking history, risk factors for osteoporosis, migraine focal migraine with asymmetrical visual loss or other symptoms indicating transient cerebral ischemia or severe headache (examine carefully if there is a complete loss of vision or if there is sudden onset of proptosis, diplopia, or migraine), arterial thrombosis or predisposition or history of severe arterial disease or thromboembolic or thrombotic disorders, congenital or valvular heart disease who are at risk of infective endocarditis, history of jaundice, HTN, epilepsy

Analgesics[1, 13, 20-22]

Role: First-line treatment option for pain. Does not impact the underlying pathophysiology of endometriosis.
Amenorrhea: No.

Medication	Considerations	Dosage	Cost/Coverage
Acetaminophen (Tylenol®)	• Consider using for three menstrual cycles to determine whether pain is controlled; escalate therapy if pain is not controlled within this time. **⚠ Relative contraindications:** liver disease, chronic alcohol abuse/acute alcohol consumption, elevated liver enzymes, serious kidney disease	**Initial**: 1 gm/6 hours. **Max**: No more than 4 gm per 24 hours.	**Brand:** $20-40 **Generic:** $15-21 **ODB:** ✓ **NIHB:** ✓

Non-steroidal anti-inflammatory drugs (NSAIDs)

Medication	Considerations	Dosage	Cost/Coverage
Ibuprofen (Advil® Liqui-Gels, Advil® Tablets, Motrin®)	**⊘ Absolute contraindications:** significant hepatic impairment or active liver disease, systemic lupus erythematosus, third trimester pregnancy, right before or after heart surgery, intrinsic coagulation defects or on anticoagulant therapy **⚠ Relative contraindications:** high blood pressure, heart disease, history of ulcer of the upper GI tract or inflammatory disease of the GI tract such as ulcerative colitis and Crohn's disease, people on dialysis, people with impaired liver function (monitor closely) **Interactions:** SSRIs may increase risk of GI bleeding. **Adverse events:** Very common: dyspepsia, nausea/vomiting Common: nonspecific rash, pruritus, dizziness, headache	**Initial:** 400 mg every 4–6H PO. **Max:** 2400 mg daily. Up to 7 days intermittently over a 3-month trial period.	**Brand:** $20-54 **Generic:** $14-22 **ODB:** ✓ **NIHB:** ✓
Naproxen (Naprosyn®)	**⊘ Absolute contraindications:** Peri-operative settings, third trimester pregnancy, breastfeeding, severe uncontrolled heart failure, history of asthma, urticaria or allergic reactions after taking ASA/NSAIDs, cerebrovascular bleeding or other bleeding disorders, inflammatory bowel disease, severe liver impairment/active liver disease, severe renal impairment, known hyperkalemia, under 18 years old **⚠ Relative contraindications:** Closely monitor in people with lesser renal impairment. **Interactions:** SSRIs may increase risk of GI bleeding. **Adverse events:** **Very common:** dyspepsia, nausea/vomiting. **Common:** nonspecific rash, pruritus, dizziness, headache	**Initial:** 250 mg every 6-8 hrs PO or 500 mg every 12 hrs PO. **Max:** 1250 mg. Up to 7 days intermittently over a 3-month trial period.	**Brand:** N/A **Generic:** $16-29 **ODB:** ✓ **NIHB:** ✓

Safety:
- **Contraindications:** hypersensitivity to ASA, active inflammatory bowel disease, active gastrointestinal bleeding, gastric or duodenal ulcer, recurrent ulcers, active inflammatory gastrointestinal disease, existing renal disease, clotting disorders

Gonadotropin-releasing hormone (GnRH) Agonists[1-4, 14, 23-27]

Role: Second-line treatment option.
Considerations before prescribing:
- Consider baseline measurements of ECG, serum potassium, calcium, vitamin D, magnesium.
- Assess osteoporosis risk and CV risk.

Amenorrhea: Common.

GnRH Agonists and BMD: GnRH Agonists are used off-label for endometriosis if used for > 6 months. They should not be used > 6 months due to associated risks of reduced BMD; there is limited data about their long-term use and its impact on BMD. Some specialists, however, may consider using GnRH Agonists off-label for longer than 6 months, with add-back therapy to mitigate other side effects. Seek support for prescribing these agents from a specialist through e-Consult. Monitoring BMD with the use of GnRH Agonists is important, along with optimization of BMD (i.e., vitamin D and calcium intake, weight-bearing exercise, falls prevention, etc.). Consider a baseline BMD test before starting these agents, and follow-up testing as indicated. Patients should be informed that use for an extended period for endometriosis is off-label; discuss risks and benefits.

Medication	Considerations	Dosage	Cost/Coverage
Goserelin Acetate (Zoladex®)	**Absolute contraindications:** low BMI (BMI <18.5) or in patients who are fully anticoagulated (INR >2) **Relative contraindications:** potential for torsades de pointes, history of QT prolongation, congenital long QT syndrome, electrolyte abnormalities, congestive heart failure, people taking Class IA, Class III, or Class IC antiarrhythmic medications. Monitor closely in people at risk of developing ureteric obstruction and people at risk of developing QT/QTc interval prolongation (monitoring of ECG and serum electrolyte levels).	**Initial:** 3.6 mg monthly subcutaneously. **Max:** Typical use is up to 6 months.	**Brand:** $504 **Generic:** N/A **ODB:** ✓ **NIHB:** ✓
Goserelin Acetate Long-acting (Zoladex LA®)		**Initial:** 10.8 mg every 12 wk subcutaneously. **Max:** Typical use is up to 6 months.	**Brand:** $1411 (3 months) (~$470/month) **Generic:** N/A **ODB:** ✓ **NIHB:** ✓
Leuprolide Acetate (Lupron Depot®)	• Assess CV risk before beginning treatment. • Measure bone age for advancement every 6-12 months. • Retreatment with Lupron Depot and norethindrone acetate 5 mg daily may be considered but not retreatment with Lupron Depot alone. Assess BMD for normal limits before retreatment. **Adverse events:** people with pre-existing histories of asthma, sinusitis, and environmental or drug allergies due to reported AEs of asthma; convulsions	**Initial:** 3.75 mg monthly intramuscularly or 11.25 mg every 3 months intramuscularly. **Max:** Typical use is up to 6 months.	**Brand:** $465 **Generic:** N/A **ODB:** ✓ **NIHB:** ✓
Nafarelin Acetate (Synarel®) (60 doses/bottle)	• Retreatment in people with major risk factors for BMD loss not advised.	**Initial:** 200 mcg (1 spray) into 1 nostril every AM and 200 mcg into the other nostril every PM. Total daily dose: 400 mcg. **Max:** Typical use is up to 6 months.	**Brand:** $530 **Generic:** N/A **ODB:** ✓ **NIHB:** ✓

Medication	Considerations	Dosage	Cost/Coverage
Triptorelin Pamoate (Trelstar®)	• Safety data beyond 6 months is not available. • Consider co-administering estrogen and progestogen therapy if appropriate to reduce BMD loss and vasomotor symptoms. ⚠ **Relative contraindications:** Assess CV risk before beginning treatment. **Monitor:** ECG and serum electrolytes for people with risk for electrolyte abnormality and QT prolongation; blood glucose and HbA1c, especially more frequently in people with diabetes; liver function ? **Adverse events:** convulsions	**Initial:** 3.75 mg every 28 days intramuscularly. **Max:** Typical use is up to 6 months.	**Brand:** $415 **Generic:** N/A **ODB:** ✓ **NIHB:** ✓

Safety:

- **Absolute contraindications:** pregnancy or individuals who may become pregnant, breastfeeding, undiagnosed abnormal vaginal bleeding, hypersensitivity to ingredients in the formulation
- **Relative contraindications:**
  - **Monitor closely in people with:** history of depression
  - **Use caution in people with:** osteoporosis or those with risk factors for osteoporosis or decreased bone density (osteopenia) – retreatment not advised in those with major risk factors for BMD loss
- **Adverse events:** reduced BMD (6-month use, reversible after treatment stops), vasomotor symptoms such as hot flashes, vaginal dryness, insomnia, loss of libido, emotional liability

GnRH Antagonists[1-4, 14, 28, 29]

Role: Second-line treatment option.
Considerations before prescribing:
- Conduct thorough physical exam and individual and family history. Target exam according to comorbidities.
- Assess BMD in people with risk factors for osteoporosis or bone loss (e.g., low BMI, history of fracture, etc.).

Amenorrhea: Common.

GnRH Antagonists and BMD: GnRH Antagonists are used off-label for endometriosis if used for an extended period (24 months+ for Myfembree® (relugolix-estradiol-norethisterone); 6 months+ for Orilissa® (elagolix)). They should not be used for an extended period due to associated risks of reduced BMD; there is limited data about their long-term use and its impact on BMD. Some specialists may consider using GnRH Antagonists off-label for longer than the outlined period. For Orilissa® (elagolix), this may include add-back therapy to mitigate side effects. Seek support for prescribing these agents from a specialist through e-Consult. Monitoring BMD with the use of GnRH Antagonists is important, along with optimization of BMD (i.e., vitamin D and calcium intake, weight-bearing exercise, falls prevention, etc.). Consider a baseline BMD test before starting these agents, and follow-up testing as indicated. Patients should be informed that use for an extended period for endometriosis is off-label; discuss risks and benefits.

Medication	Considerations	Dosage	Cost/Coverage
Relugolix-estradiol-norethisterone (Myfembree®) (28 tabs/pack)	• Initiate as early as possible after onset of menses (no later than 5 days after menses start). Initiating later in the cycle may cause irregular or heavy bleeding. • Consider risks to bone density/bone mass loss. Monitor with BMD testing. **Absolute contraindications:** **CV:** current history or increased risk of thrombotic or thromboembolic disorders, VTE, arterial thromboembolic CV disease, hypercoagulopathies, uncontrolled HTN **Endo:** current or history of breast or other hormone-sensitive cancer/malignancies (or at increased risk), liver tumours, dysfunction or disease if LFTs abnormal **Repro:** endometrial hyperplasia **Other:** use of hormonal contraceptives concomitantly, smoke if over 35 years old, loss of vision from ophthalmic vascular disease **Relative contraindications:** **Monitor in people with** prediabetes and diabetes, controlled HTN **Use caution in people with** gallbladder disease, cholelithiasis, and cholecystitis; history of cholestatic jaundice associated with past estrogen use or pregnancy; history of suicidal ideation, depression, mood disorders **Adverse events:** back pain, irritability, decreased interest in sex, hair loss or hair thinning, headache, hot flashes, increased sweating, indigestion, joint pain, night sweats	**Initial:** 1 tablet daily PO. **Max:** Safety data is only available for use up to 24 months. **Note:** Add-back therapy built into Myfembree® medication.	**Brand:** $316 **Generic:** N/A **ODB:** ✓ **NIHB:** X

Medication	Considerations	Dosage	Cost/Coverage
Elagolix (Orilissa®)	• Use effective methods of contraception not containing estrogen while on treatment. **Absolute contraindications:** severe hepatic impairment, concomitant use of Orilissa® and strong organic anion transporting polypeptide 1B1 inhibitors **Relative contraindications:** **Use caution:** consider BMD in patients with a history of a low-trauma fracture or other risk factors for osteoporosis or bone loss; people with history of suicidal ideation, depression, mood disorders **Adverse events:** **Most common:** headache, nausea, hot flashes, altered mood, depressive symptoms, increase of serum lipids, reduced BMD (may be reversible after stopping therapy), higher dose is associated with higher rates of adverse effects	**Initial:** 150 mg/day or 200 mg twice daily. **Maintenance:** Based on the severity of symptoms and treatment objectives, use the lowest effective dose. Higher doses are associated with higher rates of adverse events. **Max:** 200 mg twice daily can be used up to 6 months without add-back therapy. Safety data is only available for use up to 12 months. 150 mg daily dose may be considered for 24 months or longer if BMD testing is normal. If used longer than 12 months, assess BMD. Assess BMD sooner in people with greater risk such as people taking 200 mg twice daily, prior GnRH Antagonist use, metabolic bone disease, chronic alcohol or tobacco use, anorexia nervosa, family history of osteoporosis, or use of drugs that can reduce bone mass.	**Brand:** $239-465 **Generic:** N/A **ODB:** X **NIHB:** X
Safety: • **Contraindications:** pregnancy or individuals who may become pregnant, breastfeeding, undiagnosed abnormal vaginal bleeding, hypersensitivity to ingredients in the formulation, osteoporosis			

Legend:

ASA = acetylsalicylic acid (aspirin); **BMD** = bone mineral density; **BMI** = body mass index; **COCs** = combined oral contraceptives; **CV** = cardiovascular; **ECG** = electrocardiogram; **Endo** = endocrine; **GI** = gastrointestinal; **hCG** = human chorionic gonadotropin; **HTN** = hypertension; **INR** = international normalized ratio; **LFTs** = liver function tests; **N/A** = not applicable; **Neuro** = neurological; **NIHB** = Non-Insured Health Benefits; **ODB** = Ontario Drug Benefit; **PO** = by mouth; **QT** = QT interval; **QTc** = corrected QT interval; **Repro** = reproductive; **SSRIs** = selective serotonin reuptake inhibitors, **VTE** = venous thromboembolism.

Contraindications/adverse events: The contraindications and adverse events listed are not intended to be exhaustive. Consult monographs for additional considerations.
Cost: Includes a 10% markup and a $12.99 dispensing fee.
Follow-up: Regular follow-up is essential to monitor treatment effectiveness, pain relief, tolerability, and patient concerns.

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