

Clinical Policy: Elagolix (Orilissa), Elagolix/Estradiol/Norethinedrone (Oriaahn)

Reference Number: ERX.NPA.104

Effective Date: 12.01.18

Last Review Date: 11.20

Line of Business: Commercial, Medicaid

[Revision Log](#)

See **Important Reminder** at the end of this policy for important regulatory and legal information.

Description

Elagolix (Orilissa™) is a gonadotropin-releasing hormone (GnRH) receptor antagonist.

Elagolix/estradiol/norethinedrone; elagolix (Oriaahn™) is a combination of a GnRH receptor antagonist with an estrogen and progestin.

FDA Approved Indication(s)

Orilissa is indicated for the management of moderate to severe pain associated with endometriosis.

Oriaahn is indicated for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) in premenopausal women.

Limitation(s) of use: Use of Oriaahn should be limited to 24 months due to the risk of continued bone loss, which may not be reversible.

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Orilissa and Oriaahn are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Endometriosis Pain (must meet all):

1. Diagnosis of pain due to endometriosis;
2. Request is for Orilissa;
3. Prescribed by or in consultation with a gynecologist;
4. Age ≥ 18 years;
5. Failure of a 3-month trial within the last year of an agent from one of the following drug classes, unless contraindicated or clinically significant adverse effects are experienced (a or b):
 - a. Non-steroidal anti-inflammatory drug (*see Appendix B for examples*);
 - b. Oral or depot injectable progestin or progestin-containing contraceptive (*see Appendix B for examples*);
6. Member does not have osteoporosis;
7. Dose does not exceed 400 mg per day.

Approval duration: 6 months for 200 mg twice daily; 12 months for 150 mg once daily

Total duration of therapy should not exceed 6 months for 200 mg twice daily or 24 months for 150 mg once daily.

B. Heavy Menstrual Bleeding Associated with Uterine Fibroids (must meet all):

1. Diagnosis of uterine leiomyomas (fibroids) confirmed by ultrasound;
2. Request is for Oriaahn;

3. Prescribed by or in consultation with a gynecologist;
4. Age ≥ 18 years;
5. Member has experienced heavy menstrual bleeding for at least 2 consecutive cycles;
6. Failure of a 3 month trial of a combination estrogen-progestin contraceptive agent (see *Appendix B for examples*);
7. Member does not have osteoporosis;
8. Dose does not exceed 600 mg per day.

Approval duration: 12 months

Total duration of therapy should not exceed 24 months.

C. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Endometriosis Pain (must meet all):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
2. Request is for Orilissa;
3. Member is responding positively to therapy as evidenced by improvement in dysmenorrhea, dyspareunia, pelvic pain/induration/tenderness, or size of endometrial lesions;
4. If request is for a dose increase, new dose does not exceed 400 mg per day.

Approval duration: up to 6 months for 200 mg twice daily; up to 12 months for 150 mg once daily

Total duration of therapy should not exceed 6 months for 200 mg twice daily or 24 months for 150 mg once daily.

B. Heavy Menstrual Bleeding Associated with Uterine Fibroids (must meet all):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
2. Request is for Oriahnn;
3. Member is responding positively to therapy as evidenced by reduced menstrual blood loss;
4. If request is for a dose increase, new dose does not exceed 600 mg per day.

Approval duration: up to 12 months

Total duration of therapy should not exceed 24 months.

C. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.

Approval duration: Duration of request or 6 months (whichever is less); or

2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

- A.** Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

FDA: Food and Drug Administration

GnRH: gonadotropin-releasing hormone

OATP: organic anion transporting polypeptide

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
NSAIDs: ibuprofen, naproxen, fenoprofen, ketoprofen, mefenamic acid, meclofenamate, indomethacin, tolmetin, diclofenac, etodolac, diflunisal, meloxicam, piroxicam	Varies – refer to specific prescribing information	Varies – refer to specific prescribing information
Progestin-containing oral contraceptives: norethindrone*, ethinyl estradiol + (desogestrel, ethynodiol diacetate, drospirenone, etonogestrel, levonorgestrel, norelgestromin, norethindrone, norgestimate, or norgestrel); estradiol valerate + dienogest; mestranol + norethindrone	1 tablet PO QD <i>*The progestin norethindrone also is labeled for endometriosis - see prescribing information for dosing regimen.</i>	1 tablet/day
Depot injection progestin contraceptives: medroxyprogesterone acetate (Depo-Provera®, Depo-SubQ Provera 104®)	IM: Depo-Provera: 150 mg every 13 weeks SC: Depo-SubQ Provera 104: 104 mg every 12 to 14 weeks <i>*Depo-SubQ Provera 104 also is labeled for endometriosis - same dosing regimen.</i>	IM: 150 mg/3 months SC: 104 mg/3 months
Combination estrogen-progestin contraceptive agent: ethinyl estradiol + (desogestrel, ethynodiol diacetate, drospirenone, etonogestrel, levonorgestrel, norelgestromin, norethindrone, norgestimate, or norgestrel)	1 tablet PO QD	1 tablet/day

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s):
 - Pregnancy
 - Known osteoporosis
 - Severe hepatic impairment
 - Concomitant use of strong organic anion transporting polypeptide (OATP) 1B1 inhibitors (e.g., cyclosporine and gemfibrozil)
 - Oriahnn only:
 - With a high risk of arterial, venous thrombotic, or thromboembolic disorders. Examples include women over 35 years of age who smoke, and women who are known to have:
 - Current or history of deep vein thrombosis or pulmonary embolism
 - Vascular disease (e.g., cerebrovascular disease, coronary artery disease, peripheral vascular disease)
 - Thrombogenic valvular or thrombogenic rhythm diseases of the heart (for example, subacute bacterial endocarditis with valvular disease, or atrial fibrillation)
 - Inherited or acquired hypercoagulopathies
 - Uncontrolled hypertension
 - Headaches with focal neurological symptoms or have migraine headaches with aura if over age 35
 - With current or history of breast cancer or other hormonally-sensitive malignancies, and with increased risk for hormonally-sensitive malignancies
 - With undiagnosed abnormal uterine bleeding

- With known anaphylactic reaction, angioedema, or hypersensitivity to Oriahnn or any of its components
- Boxed warning(s):
 - Orilissa: None reported
 - Oriahnn: Thromboembolic disorders and vascular events

V. Dosage and Administration

Drug Name	Indication	Dosing Regimen	Maximum Dose
Elagolix (Orilissa)	Endometriosis pain	150 mg PO QD or 200 mg PO BID	150 mg/day x 24 months or 400 mg/day x 6 months
Elagolix/estradiol/norethinedrone; elagolix (Oriahnn)	Heavy menstrual bleeding due to uterine fibroids	PO for up to 24 months: one capsule (elagolix 300 mg, estradiol 1 mg, norethindrone acetate 0.5 mg) in the morning and one capsule (elagolix 300 mg) in the evening	See regimen

VI. Product Availability

Drug Name	Product Availability
Elagolix (Orilissa)	Tablets: 150 mg, 200 mg
Elagolix/estradiol/norethinedrone; elagolix (Oriahnn)	Morning (AM) capsule: elagolix 300 mg, estradiol 1 mg, norethindrone acetate 0.5 mg Evening (PM) capsule: elagolix 300 mg

VII. References

1. Orilissa Prescribing Information. North Chicago, IL: AbbVie Inc.; August 2019. Available at: <http://www.orilissa.com>. Accessed July 28, 2020.
2. Oriahnn Prescribing Information. North Chicago, IL: AbbVie Inc.; May 2020. Available at: <http://www.oriahnn.com>. Accessed June 8, 2020.
3. American College of Obstetricians and Gynecologists. Practice bulletin: clinical management guidelines for obstetrician-gynecologist: management of endometriosis. Am J Obstet Gynecol 2010 Jul (reaffirmed 2016); 116(1):223-236.
4. American College of Obstetricians and Gynecologists. Practice bulletin: clinical management guidelines for obstetrician-gynecologist: alternatives to hysterectomy in the management of leiomyomas. Am J Obstet Gynecol. 2008; 112(2):387-400.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	08.28.18	11.18
4Q 2019 annual review: no significant changes; references reviewed and updated.	08.22.19	11.19
4Q 2020 annual review: for endometriosis, 3-month trial within the last year and non-contraceptive progestin added to reconcile with similar policies; RT2: Criteria added for new FDA-approved combination product and its indication: Oriahnn for management of heavy menstrual bleeding due to uterine fibroids.	07.14.20	11.20

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status;

evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

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