Pharmacy Policy Bulletin

Title: Elagolix, estradiol, and norethindrone acetate (Oriahnn®)/Relugolix, estradiol and norethindrone acetate (Myfembree®)
Policy #: Rx.01.236

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:

The intent of this policy is to communicate the medical necessity criteria for **Oriahnn® (elagolix, estradiol, and norethindrone acetate) and Myfembree® (relugolix, estradiol and norethindrone acetate)** as provided under the member's prescription drug benefit.

Description:

Uterine fibroids, or leiomyomas, and benign neoplasms commonly found in women of reproductive age. Fibroids produce endogenous aromatase, allowing for production of estradiol. This facilitates the growth of fibroids in women. One of the most common symptoms of uterine fibroids is abnormal, usually excessive, menstrual bleeding. Treatment of fibroids usually consists of symptom management and preservation of fertility (if desired).

Oriahnn® (elagolix, estradiol, and norethindrone acetate) is a combination product containing elagolix (a gonadotropin-releasing hormone antagonist), estradiol (an estrogen), and norethindrone acetate (a progestin), indicated for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) in premenopausal women.

Therapy with Oriahnn® (elagolix, estradiol, and norethindrone acetate) should be limited to 24 months due to the risk of continued bone loss, which may not be reversible.

Myfembree® (relugolix, estradiol and norethindrone acetate) is a combination product of relugolix (a non-peptide GnRH receptor antagonist), estradiol (an estrogen), and norethindrone acetate (a progestin), indicated for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) in premenopausal women.

Use of Myfembree® (relugolix, estradiol and norethindrone acetate) should be limited to 24 months due to the risk of continued bone loss which may not be reversible

Policy:

INITIAL CRITERIA: Elagolix/estradiol/norethindrone acetate (Oriahnn®) or Relugolix/estradiol/norethindrone acetate (Myfembree®) is approved when ALL of the following are met:

1. Diagnosis of heavy menstrual bleeding associated with uterine leiomyomas (fibroids); and
2. Member is premenopausal; and
3. One of the following:
    a. Inadequate response after at least 3 months OR inability to tolerate ONE of the following:
        i. Combination (estrogen/progestin) contraceptive; or
        ii. Progestins; or
        iii. Tranexamic acid
    b. Member has had a previous interventional therapy to reduce bleeding (e.g., uterine-artery embolization and magnetic resonance-guided focused ultrasonography); and

4. Treatment duration has not exceeded a total of 24 months

Initial authorization duration: 12 months

REAUTHORIZATION CRITERIA: Elagolix/estradiol/norethindrone acetate (Oriahnn®) or Relugolix/estradiol/norethindrone acetate (Myfembree®) is approved when BOTH of the following are met:

1. Member has improvement in bleeding associated with uterine leiomyomas (fibroids) (e.g., significant/sustained reduction in menstrual blood loss per cycle, improved quality of life, etc.); and
2. Treatment duration has not exceeded a total of 24 months

Reauthorization duration: 12 months

Coverage duration is limited to 24 months/lifetime

All other treatment durations are considered experimental/investigational.

Black Box Warning as shown in the drug Prescribing Information:

Warning: Thromboembolic disorders and vascular events. Estrogen and progestin combinations, including Oriahnn and Myfembree, increase the risk of thrombotic or thromboembolic disorders, especially in women at increased risk for these events. Oriahnn and Myfembree is contraindicated in women with current or a history of thrombotic or thromboembolic disorders and in women at increased risk for these events, including women over 35 years of age who smoke or women with uncontrolled hypertension.

Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:

De La Cruz MS, Buchanan EM. Uterine Fibroids: Diagnosis and Treatment. *Am Fam Physician.* 2017 January 15;95(2):100-107. Accessed January 11, 2022.

Oriahnn™ (elagolix, estradiol, norethindrone acetate) [package insert]. North Chicago, IL: AbbVie Inc.; May 2020. Available from: https://www.rxabbvie.com/pdf/oriahnn_pi.pdf. Accessed January 11, 2022.

Myfembree® (relugolix, estradiol, norethindrone acetate) [package insert]. Bedford Row, UK: Myovant Sciences, Inc.; Revised 2021 Jun. Available from: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=fc3feb73-cc84-43a8-aa32-b262460495e8. Accessed January 11, 2022.

Applicable Drugs:

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Brand Name	Generic Name
Oriahnn	Elagolix, estradiol, norethindrone acetate
Myfembree	Relugolix, estradiol, norethindrone acetate

Cross References:

Rx.01.33 Off Label Use

Policy Version Number: 4.00

P&T Approval Date: December 09, 2021

Policy Effective Date: April 01, 2022

Next Required Review Date: December 09, 2022

The Policy Bulletins on this web site were developed to assist the Company in administering the provisions of the respective benefit programs, and do not constitute a contract. If you have coverage through the Company, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. Company does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of the Company. If you have a specific medical condition, please consult with your doctor. The Company reserves the right at any time to change or update its Policy Bulletins.