

Elagolix/ estradiol/ norethindrone (Oriahnn)

Coverage Criteria:

- 1. The patient will use Orihann for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) in premenopausal women, AND
- 2. The patient is 18 years of age and older, AND
- 3. Prescribed by or in consultation with OB/GYN, AND
- 4. The patient has tried and failed or has a contraindication to at least two of the following:
 - a. Preferred (oral or vaginal) contraceptives (two contraceptives is an acceptable trial/failure);
 - b. Levonorgestrel intra-uterine device (IUD);
 - c. Oral tranexamic acid; AND
- 5. Surgical intervention has been discussed and is not an appropriate treatment option or patient declines, AND
- 6. Prescribed within the FDA approved regimen

Coverage Duration:

6 months initial, 18 months renewal

Renewal Criteria:

- 1. Physician attestation of improvement of heavy menstrual bleeding, AND
- 2. Prescribed within the FDA approved regimen

P&T Date: 10/5/2020 Effective Date: 4/1/2021