

Effective Date: 12/01/2020
Reviewed: 9/2020
Scope: Medicaid

## OriaHnn (elagolix, estradiol and norethindrone)

### POLICY

#### I. CRITERIA FOR APPROVAL

An authorization of 6 months may be granted when all the following criteria are met:

- A. The member has a documented diagnosis of heavy menstrual bleeding associated with uterine fibroids, **AND**
- B. Documentation that member is premenopausal, **AND**
- C. Member is 18 years of age and older, **AND**
- D. Prescribed by or in consultation with a obstetrics/gynecologist (OB/GYN) or reproductive endocrinologist, **AND**
- E. Member has tried and failed OR had an intolerance or contraindication to at least three formulary alternatives (i.e., tranexamic acid, norethindrone, NuvaRing, etc.), **AND**
- F. Member has no history of pelvic inflammatory disease and/or persistent or complex ovarian cysts, **AND**
- G. Member has no history of osteoporosis or a bone mineral density T score of -1.5 or less at the lumbar spine, total hip or femoral neck, **AND**
- H. Member has not received more than 24 months of therapy with OriaHnn.

#### II. CONTINUATION OF THERAPY

Authorization of 6 months may be granted for all members who meet all initial criteria and who have documentation of a positive clinical response after at least 6 months of therapy with OriaHnn as evidenced by a decrease in heavy menstrual bleeding and improvement in overall signs and symptoms of the condition.

#### III. QUANTITY LIMIT

- 56 tablets per 28 days

#### IV. COVERAGE DURATION

- Maximum of 24 months of therapy