University of Michigan Health Plan

DRUG DETERMINATION POLICY

Title: DDP-44 Gonadatropin-Releasing Hormone Receptor Antagonists

Effective Date: 2/26/25

Important Information - Please Read Before Using This Policy

The following policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Benefit determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact UM Health Plan Customer Service to discuss plan benefits more specifically.

1.0 Policy:

This policy describes the determination process for coverage of specific drugs that require prior approval.

This policy does not guarantee or approve benefits. Coverage depends on the specific benefit plan. Drug Determination Policies are not recommendations for treatment and should not be used as treatment guidelines.

2.0 Background or Purpose:

Orilissa is an agent used to treat moderate to severe pain associated with endometriosis and Oriahnn and Myfembree are agents used to treat heavy menstrual bleeding. These criteria were developed and implemented to ensure appropriate use of preferred medications prior to these agents.

3.0 Clinical Determination Guidelines:

I. Gynecological conditions.

   A. Age: at least 18 years.

   B. Diagnosis and severity [must meet both listed below]:

      1. Pre-menopausal.

      2. Diagnosis and severity:

         a. Orilissa (elagolix): endometriosis with moderate-severe pain, endometriosis with severe pain (e.g., dyspareunia)

         b. Oriahnn (elagolix, estradiol, norethindrone): heavy menstrual bleeding associated with uterine leiomyomas (fibroids)

         c. Myfembree (relugolix, estradiol, norethindrone): endometriosis with moderate-severe pain, heavy menstrual bleeding associated with uterine leiomyomas (fibroids)

   C. Other therapies: Trials of one analgesic and one hormone therapy below are required unless all are contraindicated. Trials must result in an inadequate response after four consecutive months) of use per medication or severe adverse effects.

1. Analgesics: ibuprofen, meloxicam, naproxen.
    a. Contraindications to NSAIDs: Receiving an anticoagulant or concerns for a bleeding disorder,
2. Hormones: hormonal contraceptives, progesterones (e.g., norethindrone).

D. Dosage regimen:

Agent	Diagnosis Dosage Regimen/diagnosis		
	Endometriosis with moderate-severe pain	**Endometriosis with severe pain (e.g., dyspareunia)**	**Heavy Menstral bleeding with fibroids**
Orilissa (elagolix)	150mg daily for up to 2 years	200mg twice daily for up to 6 months	NA
Oriahnn (elagolix, estradiol, norethindrone)	NA	NA	One capsule every evening for up to 2 years
Myfembree (relugolix, estradiol, norethindrone)	One tablet daily for up to 2 years	NA	One tablet daily for up to 2 years

E. Approval:
1. Initial: six months.
2. Re-approval:
    a. Endometriosis or heavy menstrual bleeding: one year, up total duration of two years.
    b. Endometriosis with dyspareunia: not indicated (total duration six months).

F. Exclusions:
1. Osteoporosis.
2. Severe hepatic impairment (Child-Pugh Class C).
3. Pregnancy.
4. Use of strong organic anion transporting polypeptide (OATP)-1B1 inhibitor (e.g., cyclosporine, gemfibrozil).
5. High risk of arterial, venous thromboembolic disorders.
6. Hyper coagulopathies.
7. Uncontrolled hypertension.
8. Current history of breast cancer or other hormone-sensitive malignancies.

4.0 Coding:

COVERED PRODUCTS – PHARMACY BENEFIT		
Brand Name	**Generic Name**	**Prior Approval**
Myfembree	relugolix, estradiol, norethindrone	Y
Oriahnn	elagolix, estradiol, norethindrone	Y
Orilissa	elagolix	Y

5.0 References, Citations, Resources & Associated Documents:

1. Lexi comp Online® Lexi-Drugs®, Hudson, Ohio: Lexi-Comp, Inc.; Orilissa, Oriahnn and Myfembree, acessed December 2024.
2. UpToDate: Endometriosis - Treatment of Pelvic pain accessed February 2023, https://www.uptodate.com/contents/endometriosis-treatment-of-pelvic-pain?search=endometriosis%20treatment&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1.
3. UpToDate: Abnormal uterine bleeding in nonpregnant reproductive-age patients: Management December 2024. https://www.uptodate.com/contents/abnormal-uterine-bleeding-in-nonpregnant-reproductive-age-patients-management?search=treatment%20of%20heavy%20menstural%20bleedeng&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1
4. Long-Term Outcomes of Elagolix in Women With Endometriosis: Results From Two Extension Studies. Obstet Gynecol 2018; 132:147.
5. ESHRE guideline: endometriosis 2022 at https://www.eshre.eu/Guideline/Endometriosis accessed January 2024

6.0 Appendices:

None.

7.0 Revision History:

Original Effective Date: 06/03/2020

Next Review Date: 01/27/2022

Revision Date	Reason for Revision
12/20	Annual review, added drug Oriahnn diagnosis, dosage and monitoring/patient safety, simplified criteria instructions, approved by P&T 2/24/21
7/21	Off-cycle review, added drug Myfembree, clarified criteria instructions, added exclusions
12/21	Annual Review
12/22	Annual Review, no change
12/23	Annual review, revised other therapies sections, added reference, reformatted diagnosis/dosing and added indication for Myfembree, updated coding, removed monitoring and patient safety appendix
12/24	Annual review, listed contraindication for NSAIDs, added reference