Orilissa (elagolix)

**Background**
Orilissa (elagolix) is a gonadotropin-releasing hormone (GnRH) receptor antagonist that inhibits endogenous GnRH signaling by binding competitively to GnRH receptors in the pituitary gland. Administration of Orilissa results in dose-dependent suppression of luteinizing hormone (LH) and follicle-stimulating hormone (FSH), leading to decreased blood concentrations of the ovarian sex hormones, estradiol, and progesterone (1).

**Regulatory Status**
FDA-approved indication: Orilissa is a gonadotropin-releasing hormone (GnRH) receptor antagonist indicated for the management of moderate to severe pain associated with endometriosis (1).

Orilissa causes a dose-dependent decrease in bone mineral density (BMD). BMD loss is greater with increasing duration of use and may not be completely reversibly after stopping treatment. Consider assessment of BMD in patients with a history of low-trauma fracture or other risk factors for osteoporosis or bone loss, and do not use in women with known osteoporosis (1).

Women who take Orilissa may experience a reduction in the amount, intensity, or duration of menstrual bleeding, which may reduce the ability to recognize the occurrence of a pregnancy in a timely manner. Perform pregnancy testing if pregnancy is suspected, and discontinue Orilissa if pregnancy is confirmed (1).
Suicidal ideation and behavior has been reported in patients taking Orilissa. Promptly evaluate patients with depressive symptoms to determine whether the risks of continued therapy outweigh the benefits. Advise patients to seek immediate medical attention for suicidal ideation and behavior. Reevaluate the benefits and risks of continuing Orilissa if such events occur (1).

In clinical trials, dose-dependent elevations of serum alanine aminotransferase (ALT) at least 3-times the upper limit of the reference range occurred with Orilissa. Use the lowest effective dose of Orilissa and instruct patients to promptly seek medical attention in case of symptoms or signs that may reflect liver injury, such as jaundice. Promptly evaluate patients with elevations in liver tests to determine whether the benefits of continued therapy outweigh the risks (1).

The safety and effectiveness of Orilissa in pediatric patients have not been established (1).

Related policies

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Orilissa may be considered medically necessary in patients 18 years of age and older with moderate to severe pain associated with endometriosis and if the conditions indicated below are met.

Orilissa is considered investigational in patients less than 18 years of age and for all other indications.

Prior-Approval Requirements

Age 18 years of age and older

Gender Female

Diagnosis

The patient must have the following:

Moderate to severe pain associated with endometriosis

AND ALL of the following:
1. Baseline evaluation of condition using a validated tool such as:
   a. Biberoglu and Behrman (B&B) Scale
   b. Composite Pelvic Signs and Symptoms Score (CPSSS)
   c. Visual Analog Scale (VAS)
   d. Numerical Rating Scale (NRS)
   e. Other qualified assessment tool
      (https://www.sralab.org/sites/default/files/2017-07/Numeric%20Pain%20Rating%20Scale%20Instructions.pdf)

2. If patient is of child bearing potential, patient is not currently pregnant and patient will be advised to use appropriate contraception while on therapy

3. Inadequate treatment response, intolerance, or contraindication to a 3 month trial of NSAIDs OR oral contraceptives

4. Medication is being prescribed by or in consultation with an obstetrician-gynecologist (OB-GYN)

5. NO severe hepatic impairment (Child-Pugh Class C)

6. NO osteoporosis

7. Prescriber agrees to monitor for suicidal ideation and mood disorders

**Prior – Approval Renewal Requirements**

**Age** 18 years of age and older

**Gender** Female

**Diagnosis**

The patient must have the following:

Moderate to severe pain associated with endometriosis

**AND ALL** of the following:

1. Documented improvement in endometriosis-related pain
2. If patient is of child bearing potential, patient is not currently pregnant and patient will be advised to use appropriate contraception while on therapy
3. Medication is being prescribed by or in consultation with an obstetrician-gynecologist (OB-GYN)
Section: Prescription Drugs
Effective Date: October 1, 2019
Subsection: Endocrine and Metabolic Drugs
Original Policy Date: August 3, 2018
Subject: Orilissa
Page: 4 of 5

4. NO moderate to severe hepatic impairment (Child-Pugh Class B or C)
5. NO osteoporosis
6. Prescriber agrees to monitor for suicidal ideation and mood disorders

Policy Guidelines

Pre - PA Allowance
None

Prior - Approval Limits

<table>
<thead>
<tr>
<th>Drug</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>Orilissa 150mg</td>
<td>84 tablets per 84 days OR</td>
</tr>
<tr>
<td>Orilissa 200mg</td>
<td>168 tablets per 84 days</td>
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Duration 6 months

Prior – Approval Renewal Limits

<table>
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<tr>
<td>Orilissa 200mg</td>
<td>NO renewal</td>
</tr>
</tbody>
</table>

Duration 18 months – One renewal ONLY for 150mg

Rationale

Summary
Orilissa is a gonadotropin-releasing hormone (GnRH) receptor antagonist indicated for the management of moderate to severe pain associated with endometriosis. Orilissa causes a dose-dependent decrease in bone mineral density (BMD) and treatment is limited to 24 months or less, depending on the dosage prescribed. The safety and effectiveness of Orilissa in pediatric patients have not been established (1).
Prior authorization is required to ensure the safe, clinically appropriate and cost-effective use of Orilissa while maintaining optimal therapeutic outcomes.

References

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>August 2018</td>
<td>Addition to PA</td>
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<tr>
<td>September 2018</td>
<td>Annual review. Changed CPSSS score requirement to Biberoglu and Behrman (B&amp;B) Scale and included link; addition of requirements for OB-GYN and t/f 3 months of NSAIDs or oral contraceptives per SME</td>
</tr>
<tr>
<td>November 2018</td>
<td>Annual review</td>
</tr>
<tr>
<td>January 2019</td>
<td>Removal of dyspareunia requirement for the 200mg tablet</td>
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<tr>
<td>March 2019</td>
<td>Annual review. Revised requirement to use a validated scoring tool such as B&amp;B scale, CPSSS, etc and revised continuation requirement to have a documented improvement in endometriosis-related pain</td>
</tr>
<tr>
<td>July 2019</td>
<td>Annual review. Addition of visual analog scale and numerical rating scale as validating scoring tool options per SME</td>
</tr>
<tr>
<td>September 2019</td>
<td>Annual review</td>
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Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 13, 2019 and is effective on October 1, 2019.