



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

ELAGOLIX/ESTRADIOL/NORETHINDRONE

| Generic  | Brand   | HICL  | GCN | Medi-Span              | Exception/Other |
|--|---------|-------|-----|------------------------|-----------------|
| ELAGOLIX AND<br>ESTRADIOL AND<br>NORETHINDRONE | ORIAHNN | 46577 |     | GPI-10<br>(2499350340) |                 |

**GUIDELINES FOR USE**

**INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)**

1. Has the patient received a total of 24 months cumulative treatment with Oriahnn?

If yes, do not approve.

**DENIAL TEXT:** See the initial denial text at the end of the guideline.

If no, continue to #2.

2. Is the request for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) and the patient meets **ALL** of following criteria?

- The patient is 18 years of age or older
- The patient is a premenopausal woman
- Therapy is prescribed by or given in consultation with an OB/GYN

If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #2 per day.**

**APPROVAL TEXT:** Renewal for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) requires the patient had improvement of heavy menstrual bleeding.

If no, do not approve.

**INITIAL DENIAL TEXT:** *\*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.*

Our guideline named **ELAGOLIX/ESTRADIOL/NORETHINDRONE (Oriahnn)** requires the following rule(s) be met for approval:

- A. The request is for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids: non-cancerous growths in the uterus)
- B. You are 18 years of age or older
- C. You are a premenopausal woman
- D. Therapy is prescribed by or given in consultation with an obstetrician or gynecologist (OB/GYN: doctor who specializes in women's reproductive system)
- E. You have not received a total of 24 months cumulative treatment with Oriahnn  
*(Initial denial text continued on next page)*

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ELAGOLIX/ESTRADIOL/NORETHINDRONE

**INITIAL CRITERIA (CONTINUED)**

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

**RENEWAL CRITERIA**

1. Has the patient received a total of 24 months cumulative treatment with Oriahnn?

If yes, do not approve.

**DENIAL TEXT:** See the initial denial text at the end of the guideline.

If no, continue to #2.

2. Is the request for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) **AND** the patient meets the following criterion?

- The patient has had improvement of heavy menstrual bleeding

If yes, **approve for 18 months (or up to 24 months cumulative lifetime treatment duration) by HICL or GPI-10 with a quantity limit of #2 per day.**

If no, do not approve.

**RENEWAL DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **ELAGOLIX/ESTRADIOL/NORETHISTERONE (Oriahnn)** requires the following rule(s) be met for renewal:

- A. The request is for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids: non-cancerous growths in the uterus)
- B. You had improvement of heavy menstrual bleeding on therapy
- C. You have not received a total of 24 months cumulative treatment with Oriahnn

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Oriahnn.

**REFERENCES**

- Oriahnn [Prescribing Information]. North Chicago, IL: AbbVie Inc., May 2020.

|         |            |     |
|---------|------------|-----|
| Library | Commercial | NSA |
| Yes     | Yes        | No  |

Part D Effective: N/A

Commercial Effective: 01/01/21

Created: 08/20

Client Approval: 11/20

P&T Approval: 07/20