

POLICY NAME	Oriahnn (elagolix, estradiol, and norethindrone)	POLICY #	2841P
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Criteria

Exclusion Criteria – Any of the following prevents coverage

- ☐ 2.1 Treatment duration beyond 24 months
- ☐ 2.2 Oriahnn will not be approved if being used in combination with Lupron

Coverage Criteria for Uterine Leiomyomas (Fibroids)

- ☐ 1.1 Diagnosis of heavy menstrual bleeding associated with uterine leiomyomas (fibroids)
- ☐ 1.2 Age 18 years or older
- ☐ 1.3 Patient is premenopausal
- ☐ 1.4 Documented history of inadequate control of bleeding following a trial of at least 3 months, intolerance, or contraindication to one of the following: estrogen combination (estrogen/progesterone) oral contraceptive, progestins, or tranexamic acid, OR
- ☐ 1.5 Documentation of a previous interventional therapy to reduce bleeding (e.g., uterine-artery embolization, magnetic resonance-guided focused ultrasonography)