Orilissa (elagolix)

NEW PRODUCT SLIDESHOW

MPR

Introduction

- **Brand name:** Orilissa
- **Generic name:** Elagolix
- **Pharmacological class:** GnRH antagonist
- **Strength and Formulation:** 150mg, 200mg; tabs
- **Manufacturer:** AbbVie
- **How supplied:** Tabs—28, 56
- **Legal Classification:** Rx

Indication

- Moderate-to-severe pain associated with endometriosis

Dosage & Administration

- Exclude pregnancy prior to starting or begin within 7 days from onset of menses
- Use lowest effective dose
- Initiate at 150mg once daily for up to 24 months

Dosage & Administration

- **If dyspareunia:** consider starting treatment with 200mg twice daily for up to 6 months
- Concomitant strong CYP3A inhibitors, rifampin, or if moderate hepatic impairment: limit to 150mg once daily for up to 6 months

Considerations for Special Populations

- **Pregnancy:** Contraindicated; early exposure in pregnancy may increase risk of early pregnancy loss
- **Nursing mothers:** Consider mother's need and potential adverse effects on infant
- **Pediatric:** <18yrs: not established
- **Hepatic impairment:** Moderate: See Dosing; Severe: see Contraindications

Contraindications

- Pregnancy
- Osteoporosis
- Severe hepatic impairment
- Concomitant strong OATP 1B1 inhibitors (eg, cyclosporine, gemfibrozil)

Warnings/Precautions

- Risk of decrease in **bone mineral density (BMD)**
- Consider BMD assessment if history of low-trauma fracture or other risk factors for osteoporosis or bone loss
  - Supplementation with calcium and vitamin D may be beneficial
- Reduced ability to recognize pregnancy

Warnings/Precautions

- Perform pregnancy testing if suspected; discontinue if confirmed
- History of **suicidality** or **depression**
- Evaluate in patients with new onset or worsening depression, anxiety, mood changes

Warnings/Precautions

- Evaluate if signs/symptoms of **liver injury** (eg, jaundice, elevated liver tests) occur
- Women should use **non-hormonal contraceptives** during therapy and for 1 week after discontinuation

Interactions

- See **Dosing** and **Contraindications**
- May potentiate P-gp substrates (eg, digoxin); monitor
- May antagonize CYP3A substrates
- Antagonizes oral midazolam, rosuvastatin: consider increasing their doses
- Antagonized by CYP3A inducers
- Reduced efficacy with estrogen-containing contraceptives

Adverse Reactions

- Hot flushes
- Night sweats
- Headache
- Nausea
- Insomnia
- Amenorrhea
- Anxiety
- Arthralgia
- Depression-related reactions
- Mood changes
- Bone loss
- Elevated hepatic transaminase

Mechanism of Action

- Orilissa is a GnRH receptor antagonist that inhibits endogenous GnRH signaling by binding competitively to GnRH receptors in the pituitary gland
- It suppresses luteinizing hormone (LH) and follicle-stimulating hormone (FSH), leading to decreased blood concentrations of estradiol and progesterone

Clinical Studies

- The efficacy of Orilissa for the management of moderate to severe pain associated with endometriosis was demonstrated in 2 double-blind, placebo-controlled trials (N=1686) in premenopausal women (**Study EM-1** and **Study EM-2**)

Clinical Studies

- Co-primary efficacy endpoints:
  - Proportion of subjects whose dysmenorrhea responded to treatment at Month 3
  - Proportion of subjects whose non-menstrual pelvic pain responded to treatment at Month 3
- The Endometriosis Daily Pain Impact Scale was used to evaluate pain severity and impact on daily activities

Clinical Studies

- **Responders** were defined as women who experienced a reduction in dysmenorrhea and non-menstrual pelvic pain with no increase in analgesic use for endometriosis-associated pain

Clinical Studies

- A higher proportion of women treated with Orilissa 150mg once daily or 200mg twice daily were responders for dysmenorrhea and non-menstrual pelvic pain vs placebo at Month 3

Clinical Studies

- Study EM-1
  - Responders for **dysmenorrhea**: 46% (Orilissa 150mg once daily) and 76% (Orilissa 200mg twice daily) vs 20% (placebo)
  - Responders for **non-menstrual pelvic pain**: 50% (Orilissa 150mg once daily) and 55% (Orilissa 200mg twice daily) vs 36% (placebo)

Clinical Studies

- Study EM-2
  - Responders for **dysmenorrhea**: 43% (Orilissa 150mg once daily) and 72% (Orilissa 200mg twice daily) vs 23% (placebo)
  - Responders for **non-menstrual pelvic pain**: 50% (Orilissa 150mg once daily) and 58% (Orilissa 200mg twice daily) vs 37% (placebo)

Clinical Studies

- Treatment with Orilissa 150mg once daily and Orilissa 200mg twice daily was associated with a statistically significant reduction from baseline in endometriosis pain based on numeric rating scale (NRS) score vs placebo at Month 3
- Both treatment arms showed statistically significantly greater mean decreases from baseline vs placebo in dysmenorrhea and non-menstrual pelvic pain scores at Month 6
- For more clinical trial data, see full labeling

New Product Monograph

- For more information view the product monograph available at:

  http://www.empr.com/orilissa/drug/34859/