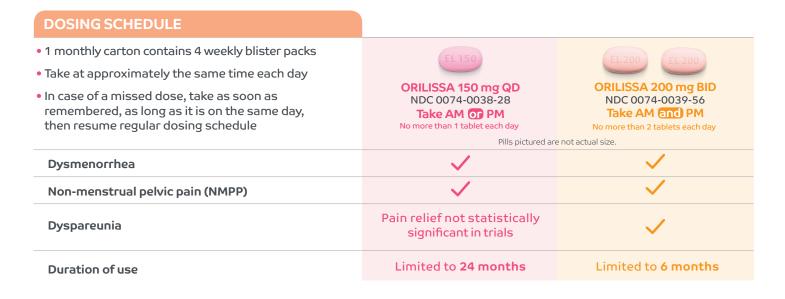
THE ORILISSA DIFFERENCE-2 ORAL DOSAGES TO FIT HER NEEDS1

ORILISSA IS DIFFERENT THAN MANY OTHER TREATMENT OPTIONS FOR ENDOMETRIOSIS PAIN—FEATURES TO CONSIDER:

ORILISSA is the first FDA-approved pill specifically developed for **moderate to severe** endometriosis pain in over a decade. It is not a birth control pill, surgery, or an injection. It does not contain hormones

Strogen

Two different doses of ORILISSA dial down estradiol to 2 different levels, allowing you to individually tailor treatment



DOSING WITH A CO-EXISTING CONDITION

- Use of **150 mg QD** is recommended for women with moderate hepatic impairment (Child-Pugh B) with the duration of treatment limited to **6 months**. Use of **200 mg BID** is **not recommended** for women with moderate hepatic impairment
 - No dosage adjustment of ORILISSA is required in women with mild hepatic impairment (Child-Pugh A)

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IMPORTANT NEXT STEPS WHEN PRESCRIBING OR DISPENSING ORILISSA¹

- Exclude pregnancy before starting ORILISSA, or start ORILISSA within 7 days from the onset of menses
- Advise patients to take ORILISSA orally at approximately the same time each day, with or without food
- Based on the severity of symptoms and treatment objectives, use the lowest effective dose
- Duration of use is limited due to concerns about bone loss

INDICATION

ORILISSA® (elagolix) is indicated for the management of moderate to severe pain associated with endometriosis.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

 ORILISSA is contraindicated in women who are pregnant (exposure to ORILISSA early in pregnancy may increase the risk of early pregnancy loss), in women with known osteoporosis or severe hepatic impairment, or with concomitant use of strong organic anion transporting polypeptide (OATP) 1B1 inhibitors (e.g., cyclosporine and gemfibrozil). Orilissa elagolix tablets 200 mg

Please see additional Important Safety Information continued on the following page and full Prescribing Information at <u>http://www.rxabbvie.com/pdf/orilissa_pi.pdf</u>.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Bone Loss

- ORILISSA causes a dose-dependent decrease in bone mineral density (BMD), which is greater with increasing duration of use and may not be completely reversible after stopping treatment.
- The impact of ORILISSA-associated decreases in BMD on long-term bone health and future fracture risk is unknown. 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.
- Limit the duration of use to reduce the extent of bone loss.

Change in Menstrual Bleeding Pattern and Reduced Ability to Recognize Pregnancy

• 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 pregnancy in a timely manner. Perform pregnancy testing if pregnancy is suspected, and discontinue ORILISSA if pregnancy is confirmed.

Suicidal Ideation, Suicidal Behavior, and Exacerbation of Mood Disorders

- Suicidal ideation and behavior, including one completed suicide, occurred in subjects treated with ORILISSA in the endometriosis clinical trials.
- ORILISSA users had a higher incidence of depression and mood changes compared to placebo and ORILISSA users with a history of suicidality or depression had an increased incidence of depression. Promptly evaluate patients with depressive symptoms to determine whether the risks of continued therapy outweigh the benefits. Patients with new or worsening depression, anxiety, or other mood changes should be referred to a mental health professional, as appropriate.
- Advise patients to seek immediate medical attention for suicidal ideation and behavior. Reevaluate the benefits and risks of continuing ORILISSA if such events occur.

Hepatic Transaminase Elevations

- 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 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.

Reduced Efficacy with Estrogen-Containing Contraceptives

- Based on the mechanism of action of ORILISSA, estrogen-containing contraceptives are expected to reduce the efficacy of ORILISSA. The effect of progestin-only contraceptives on the efficacy of ORILISSA is unknown.
- Advise women to use non-hormonal contraceptives during treatment and for one week after discontinuing ORILISSA.

ADVERSE REACTIONS

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• The most common adverse reactions (>5%) in clinical trials included hot flushes and night sweats, headache, nausea, insomnia, amenorrhea, anxiety, arthralgia, depression-related adverse reactions, and mood changes.

These are not all the possible side effects of ORILISSA.

Safety and effectiveness of ORILISSA in patients less than 18 years of age have not been established.

Please see additional Important Safety Information on previous page and full Prescribing Information at <u>http://www.rxabbvie.com/pdf/orilissa_pi.pdf</u>.

Find out more at ORILISSA.com/hcp

Reference: 1. Orilissa [package insert]. North Chicago, IL: AbbVie Inc.

Orilissa elagolix tablets 200 mg

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