Linzagolix tablets (Yselty® ▼) for treatment of adults with endometriosis

Bath and North East Somerset, Swindon and Wiltshire Together

The BSW Area Prescribing Committee recommends the prescribing of LINZAGOLIX 200mg tablets (Yselty® ▼) for treating endometriosis in accordance with NICE TA1067.

AMBER following specialist initiation: 1-month supply

NICE recommendation for use (NICE TA1067)[1]

NICE technology appraisal TA1067 (4 June 2025) recommends Linzagolix **as an option to treat symptoms of endometriosis in adults of reproductive age who have had medical or surgical treatment for their endometriosis**.

Linzagolix is a new oral option alongside Relugolix- estradiol-norethisterone acetate (Ryeqo®: BSW guidance for this is found here).

Treatments for endometriosis aim to manage its symptoms but do not resolve the underlying condition. Options include surgery, gonadotropin-releasing hormone agonists (such as leuprorelin acetate) and relugolix–estradiol–norethisterone acetate (relugolix combination therapy [CT]).[1] There is no cure for endometriosis, so current treatments aim to improve quality of life and maximise fertility for people for whom this is important.

Dosage: 200mg once daily with concomitant hormonal add-back therapy (ABT), (ABT, estradiol 1 mg and norethisterone acetate 0.5 mg tablet once daily).

Costing information[1]

The NHS list price (excluding VAT) of linzagolix (Yselty®) is £80.00 for a 28-pack of 200mg tablets (BNF online, accessed April 2025). The list price for hormonal ABT is £13.20 for a pack of 84 estradiol 1-mg norethisterone acetate 0.5-mg tablets (BNF online, accessed April 2025). At list price, 12 months of treatment would cost £1,100.

Clinical Effectiveness[1,2]

Linzagolix is a selective non-peptide GnRH receptor antagonist that inhibits endogenous GnRH signalling by binding competitively to GnRH receptors in the pituitary gland, thereby modulating the hypothalamic-pituitary-gonadal axis. When administered exogenously, linzagolix results in dose-dependent suppression of luteinizing hormone and follicle-stimulating hormone, leading to decreased blood concentrations of estradiol and progesterone.

Clinical trial evidence shows that linzagolix with hormonal ABT reduces dysmenorrhoea and non-menstrual pelvic pain compared with placebo. Indirect comparisons suggest that linzagolix with ABT gives similar pain relief to leuprorelin acetate and relugolix-estradiol–norethisterone acetate.

Adverse effects/contra-indications[2]

Contraindications include hypersensitivity to the active substances or to any of the excipients, pregnancy or breastfeeding, genital bleeding of unknown aetiology, and known osteoporosis. Contraindications related to ABT should be considered if concomitant ABT is given.

The most frequent adverse drug reactions in clinical trials were e.g. hot flush (≥ 1/10), bone mineral density decreased, hyperhidrosis, vaginal haemorrhage, elevated liver enzymes, nausea/vomiting, headache, mood disorders (≥ 1/100 to < 1/10) See SPC for full safety data, cautions and interactions.

Patient factors[2]

Patients with a history of depression should be carefully monitored- see monitoring section below.

Linzagolix should be avoided in women with moderate (eGFR = 30– 59 mL/min), severe renal impairment (eGFR < 30 mL/min) or end-stage renal disease. Prescribers are recommended to monitor for adverse reactions in women who have mild renal impairment (eGFR = 60-89 mL/min) although no dose adjustment is required.

Linzagolix should be avoided in women with severe hepatic impairment (Child-Pugh C). No dose adjustment is necessary in women with mild or moderate hepatic impairment (Child-Pugh A or B).

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Prescribing information (see SPC for full information)[2]

- Treatment should only be initiated by a specialist in the management of endometriosis. **After a minimum of one month's treatment, the specialist may ask the patient's GP to take over prescribing responsibilities of treatment. The patient will be followed up by secondary care (usually at 6 months although this will be determined on an individual patient basis).** This may be in-person or remotely.
- Prior to initiation or reinstitution, a complete medical history (including family history) will be taken by the specialist. Blood pressure and a physical examination must be performed guided by the contraindications and warnings for use.
- Pregnancy must be ruled out prior to initiating treatment.
- Linzagolix should preferably be started in the first week of the menstrual cycle and should be taken continuously once daily. Any hormonal contraception needs to be stopped prior to initiation of Linzagolix. Women of childbearing potential at risk of pregnancy have to use effective non-hormonal contraception while on treatment with Linzagolix.
- The SPC states that in patients with risk factors for osteoporosis or bone loss, a dual X-ray absorptiometry (DXA) is recommended prior to starting treatment. Treatment should not be initiated if the risk associated with BMD loss exceeds the potential benefit of the treatment. The SPC also states that a DXA scan is recommended after 1 year of treatment for all women to verify that the patient does not have an unwanted degree of BMD loss. Thereafter, depending on the prescribed dose of linzagolix, BMD assessment is recommended annually (100mg dose) or at a frequency determined by the treating physician based on the woman's individual risk and previous BMD assessment (100mg or 200mg with ABT). Local opinion is that patients only need DXA scan if they are not replaced with ABT and this should fall to the responsibility of the consultant to arrange.
- Linzagolix with or without concomitant ABT has not been demonstrated to provide contraception. Women of childbearing potential at risk of pregnancy have to use effective non-hormonal contraception while on treatment with linzagolix.
- Increases in lipid levels were observed with linzagolix treatment. These increases were generally of no clinical relevance. However, in women with pre- existing elevated lipid profiles monitoring of lipid levels is recommended.

Monitoring[2]

- Linzagolix can be expected to lead to a reduction in menstrual bleeding and often leads to amenorrhoea, which may reduce the ability to recognise the occurrence of a pregnancy in a timely manner. Pregnancy testing should be performed if pregnancy is suspected, and treatment should be discontinued if pregnancy is confirmed.
- Patients with a history of depression should be carefully monitored and advised to seek medical attention in case of mood changes and depressive symptoms, including shortly after initiating the treatment. The benefit of continued therapy should be assessed by the specialist.
- Seek advice from the specialist if sustained clinically significant hypertension develops during treatment with linzagolix, and the benefit of continued therapy can be assessed by the specialist.
- Asymptomatic increases in hepatic enzyme levels, mainly alanine and aspartate transaminase (ALT and AST), were reported. Patients should be instructed to promptly seek medical attention in case of symptoms or signs that may reflect liver injury, such as jaundice. Treatment should be discontinued if jaundice develops. Acute liver test abnormalities may necessitate discontinuation of treatment with linzagolix until liver tests return to normal.

References

1. National Institute for Health and Care Excellence. Technology appraisal 1067; Linzagolix for treating symptoms of endometriosis. 4th June 2025.
2. Theramex UK Ltd. Summary of Product Characteristics; Yselty 200mg film-coated tablets ▼ (accessed 13/06/25)

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