SmartPA Criteria Proposal

Drug/Drug Class:	Luteinizing Hormone Releasing Hormone (LHRH)/Gonadotropin Releasing Hormone (GnRH) Agents, Oral PDL Edit
First Implementation Date:	July 24, 2019
Proposed Date:	July 18, 2023
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	☒Existing Criteria ☐Revision of Existing Criteria ☐New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: Gonadotropin releasing hormone (GnRH) antagonists compete with endogenous GnRH for binding to pituitary GnRH receptors, thereby reducing luteinizing hormone (LH) and follicle-stimulating hormone (FSH) secretion. The oral agents in this class are indicated for use in prostate cancer, endometriosis, and uterine fibroids.

Elagolix and relugolix are both oral GnRH antagonists. Elagolix is available in 2 different brand name products, Orilissa® (elagolix) and Oriahnn® (elagolix/estradiol/norethindrone acetate). Relugolix is also available in 2 different brand name products, Orgovyx® (relugolix) and Myfembree® (relugolix/estradiol/norethindrone acetate). Unlike the other agents in this class, Orgovyx is currently only indicated for the treatment of advanced prostate cancer. Due to the risk of potentially irreversible bone loss, a baseline dual energy X-ray absorptiometry (DEXA) scan should be considered for all patients beginning therapy with Orilissa, Oriahnn, or Myfembree. Therapy with these agents should be limited to a maximum of 24 months due to the risk of continued bone loss, which may not be reversible.

Orilissa and Myfembree are indicated for the management of moderate to severe pain associated with endometriosis in women 18 years of age and older. Endometriosis is a chronic disease that affects about 6% to 10% of women in the United States. Current treatment includes both pharmacological and surgical options. Some of the pharmacological options include NSAIDs, extended cycle combined oral contraceptives, progestin therapy, and GnRH agonists.

Oriahnn and Myfembree are indicated for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) in premenopausal women. Uterine fibroids are benign neoplasms that grow along the uterine wall, occurring most commonly in women in their 30s and 40s. Clinically relevant symptoms, such as abnormal uterine bleeding, pelvic pressure, bowel dysfunction, urinary frequency and urgency, urinary retention, low back pain, constipation, dyspareunia and possibly even infertility, are experienced in 25% of women. However, it is estimated that upwards of 70% of women may have uterine fibroids without any noticeable symptoms. For

patients over the age of 35, dilation and curettage (D&C) should be considered or other forms of uterine sampling prior to beginning therapy with Oriahnn or Myfembree.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:	**Preferred Agents**	**Non-Preferred Agents**
	• Oriahnn® • Orilissa®	• Myfembree® • Orgovyx®

Type of Criteria: ☐ **Increased risk of ADE** ☒ **Preferred Drug List**
☐ **Appropriate Indications** ☐ **Clinical Edit**

Data Sources: ☐ **Only Administrative Databases** ☒ **Databases + Prescriber-Supplied**

Setting & Population

- Drug class for review: LHRH/GnRH Agents, Oral
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- For Orgovyx: Documented diagnosis of prostate cancer
- For Oriahnn, Orilissa, or Myfembree:
  - Participant is 18 years of age or older **AND**
  - Prescribed by or in consultation with an obstetrician, gynecologist, or other specialist in the treated disease state **AND**
  - Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents:
    - Documented trial period for preferred agents **OR**
    - Documented ADE/ADR to preferred agents **AND**
  - For documented diagnosis of moderate to severe pain associated with endometriosis in the past year:
    - Claim is for Orilissa or Myfembree **AND**
    - Documented trial of alternative therapy:
      - NSAIDS - trial defined as 30/180 days **AND**
      - Combined contraceptive therapy – trial defined as 180/270 days – **OR**
      - Progesterone/Progestin therapy:
        - Injectable contraceptive trial defined as 2 claims in 270 days **OR**
        - Medroxyprogesterone tablets trial defined as 30/90 days **OR**
        - Norethindrone acetate trial defined as 180/270 days
      - Clinical consultant review may be obtained if pain is severe or worsening after 2 months trial of alternative therapies
    - For Myfembree: total duration of therapy does not exceed 24 months
    - For Orilissa:
      - 200mg tablets only: documented diagnosis of dyspareunia
      - Max allowable quantity and duration:
        - Moderate hepatic impairment (Child-Pugh B): 150mg/day for up to 6 months
        - Mild to no hepatic impairment (Child-Pugh A): 150mg/day for up to 24 months
  - For documented diagnosis of menorrhagia associated with uterine leiomyomas:
    - Claim is for Oriahnn or Myfembree **AND**
    - For initial therapy: Documented trial of alternative therapy:
      - NSAIDs – trial defined as 30/180 days **AND**
      - Combined contraceptive therapy – trial defined as 180/270 days
    - Total duration of therapy does not exceed 24 months

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met
- For Orilissa, Oriahnn, and Myfembree:
  - Documented diagnosis of osteoporosis in the past year
  - Therapy with any other oral LHRH/GnRH antagonist in the past 2 years
  - Participant is currently pregnant
- For Orilissa:
  - Documented diagnosis of severe hepatic impairment (Child-Pugh C) **OR**
  - For 200mg tablets: documented diagnosis of moderate hepatic impairment (Child-Pugh B)
- For Oriahnn or Myfembree: Documented diagnosis of any hepatic impairment
- Claim exceeds approved dosing limitations:
  - Oriahnn: 2 capsules per day
  - Orilissa 150mg tablets: 1 tablet per day
  - Orilissa 200mg tablets: 2 tablets per day
  - Myfembree: 1 tablet per day

Required Documentation

Laboratory Results:	☐	Progress Notes:	☐
MedWatch Form:	☐	Other:	☐

Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

- Evidence-Based Medicine and Fiscal Analysis: “Therapeutic Class Review: ENDOCRINE AND METABOLIC AGENTS: LHRH, GnRH Antagonists, Oral”, Gainwell Technologies; Last updated April 18, 2023.
- Evidence-Based Medicine Analysis: “Luteinizing Hormone-releasing Hormone (LHRH) Antagonists and Gonadotropin-releasing Hormone (GnRH) Antagonists and Agonists”, UMKC-DIC; March 2023.
- Myfembree (relugolix, estradiol, and norethindrone acetate) tablets [package insert]. Brisbane, CA: Myovant Sciences, Inc.; January 2023.
- Orgovyx (relugolix) tablets [package insert]. Brisbane, CA: Myovant Sciences, Inc.; March 2023.
- Oriahnn (elagolix, estradiol, and norethindrone acetate capsules; elagolix capsules) [package insert]. North Chicago, IL: AbbVie Inc.; August 2021.
- Orilissa (elagolix) tablets [package insert]. North Chicago, IL: AbbVie Inc.; February 2021.
- IPD Analytics. Obstetrics/Gynecology (Women's Health): Uterine Fibroids and Endometriosis. Accessed May 11, 2023.
- USPDI, Micromedex; 2023.
- Clinical Pharmacology [online]. Tampa (FL): Elsevier. 2023.