Effective Date: 07/01/2021
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Policy Number: C21457-A

Orilissa (elagolix), Oriahnn (elagolix, estradiol, and norethindrone acetate capsules)- Illinois Medicaid Only

PRODUCTS AFFECTED

Orilissa (elagolix), Oriahnn (elagolix, estradiol, and norethindrone acetate capsules)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.
This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines

Documentation Requirements: *Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive*

DIAGNOSIS: endometriosis (Orilissa) or uterine leiomyomas (Oriahnn)

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label along with state and federal requirements, benefits being administered and formulary preferencing. Coverage will be determined on a case-by case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review.

A. Endometriosis (Orilissa Only)
    1. Documentation of moderate to severe pelvic pain associated with endometriosis
    AND
    2. Documentation patient has tried/failed or has an absolute contraindication to ALL of the following: (i) ONE formulary NSAID (i.e. Ibuprofen, naproxen) OR (ii) ONE oral contraceptive, medroxyprogesterone, or norethindrone acetate
    AND
    3. Prescriber attestation that member is naïve to Orilissa OR that member has not exceeded a total lifetime treatment duration of 24 months for the 150 mg dose administered once daily or total lifetime treatment duration of 6 months for the 200 mg

dose administered twice daily.

B. Uterine Leiomyomas (Oriahnn Only)
   1. Documentation of a diagnosis of heavy menstrual bleeding associated with uterine leiomyomas (fibroids)
      AND
   2. Prescriber attestation that the member is premenopausal
      AND
   3. Prescriber attestation that member is naïve to Oriahnn or that member has not exceeded a total lifetime duration of therapy of 24 months.
      AND
   4. Prescriber attests that the following baseline tests have or will be completed prior to initiation of treatment and that prescriber plans for continued monitoring as clinically appropriate: pregnancy test in a woman of childbearing potential and/or bone mineral density in a woman with risk factors for bone loss or risk factors for osteoporosis

CONTINUATION OF THERAPY:

A. ALL INDICATIONS:
   1. Documentation of positive clinical response as demonstrated by low disease activity and/or improvements in the condition's signs and symptoms
      AND
   2. Prescriber attestation that member has not exceeded lifetime duration of treatment.

DURATION OF APPROVAL:

Initial authorization: 3 months, continuing authorization: 3 months
Note: Orilissa cannot exceed lifetime max of 24 months for 150mg once daily and 6 months for 200mg twice daily; Oriahnn cannot exceed lifetime max of 24 months.

PRESCRIBER REQUIREMENTS:

None

AGE RESTRICTIONS:

18 years of age or older

QUANTITY:

Orilissa:
150mg orally daily for up to 24 months (menstrual and non-menstrual pelvic pain dose)
200mg twice a day for up to 6 months (dyspareunia dose)
Oriahnn:
One capsule (elagolix 300 mg, estradiol 1 mg, norethindrone acetate 0.5 mg) in the morning and one capsule (elagolix 300 mg) in the evening for up to 24 months #56tabs/28 days

Maximum Quantity Limits –

Orilissa 200 mg twice daily
Oriahnn 2 capsules daily (600 mg elagolix daily)

PLACE OF ADMINISTRATION:
The recommendation is that oral medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Oral

DRUG CLASS:
GnRH/LHRH Antagonists [Orilissa]; Estrogen-Progestin-GnRH Antagonist [Oriahnn]

FDA-APPROVED USES:
ORILISSA is indicated for the management of moderate to severe pain associated with endometriosis.
Limitations of Use: Limit the duration of use based on the dose and coexisting condition

ORIAHNN is indicated for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) in premenopausal women.
Limitation of Use: Use of ORIAHNN should be limited to 24 months due to the risk of continued bone loss, which may not be reversible

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:
Orilissa Efficacy:
There have been 5 clinical studies, three Phase II studies and two Phase III randomized controlled studies. The 2 Phase III studies were the EM-1 (NCT01620528) and EM-2 (NCT01931670). There were 4 studies that had a placebo arm and 2 studies with comparators, depot medroxyprogesterone acetate (DMPA) and leuprorelin acetate. Not all studies had the same endpoints, and in addition, not all studies had comparable patient populations. The co-primary efficacy endpoints were the proportion of subjects whose dysmenorrhea responded to treatment at Month 3 and the proportion of subjects whose pelvic pain not related to menses (non-menstrual pelvic pain) responded to treatment at Month 3. In two Phase III trials comparing two different doses of the oral GnRH antagonist elagolix (150 mg once daily or 200 mg twice daily) with placebo on endometriosis-related dysmenorrhea and non-cyclic pelvic pain, women in both elagolix groups reported significantly reduced symptoms at three months of treatment. In both trials, at three months, meaningful reductions in dysmenorrhea pain were reported by about 44 percent of the low-dose elagolix group, 74 percent of the high-dose elagolix group, and 21 percent of the placebo group. Non-menstrual pelvic pain was decreased in 50, 56, and 36 percent of women in the low-dose, high-dose, and placebo groups, respectively. The improvement in dysmenorrhea in the low-dose elagolix group is modest compared with the approved GnRH agonist, depot-leuprolide acetate

Orilissa Side Effects:

Bone Density Loss In Studies EM-1 and EM-2, there was a dose-dependent decrease in BMD in Orilissa treated subjects compared to an increase in placebo-treated subjects. In Study EM-1, compared to placebo, the mean change from baseline in lumbar spine BMD at 6 months was -0.9%with Orilissa 150 mg once daily and -3.1% with Orilissa 200 mg twice daily. The percentage of subjects with greater than 8% BMD decrease in lumbar spine, total hip or femoral neck at any time point during the placebo-controlled treatment period was 2% with Orilissa 150 mg once daily, 7% with Orilissa 200 mg twice daily and < 1% with placebo. In the blinded extension Study EM-3, continued bone loss was observed with 12 months of continuous treatment with Orilissa. The percentage of subjects with greater than 8% BMD decrease in lumbar spine, total hip or femoral neck at any time point during the extension treatment period was 8% with continuous Orilissa 150 mg once daily and 21% with continuous Orilissa 200 mg twice daily. In Study EM-2, compared to placebo, the mean change from baseline in lumbar spine BMD at 6 months was -1.3%with Orilissa 150 mg once daily and -3.0% with Orilissa 200 mg twice daily. The percentage of subjects with greater than 8% BMD decrease in lumbar spine, total hip or femoral neck at any time point during the placebo-controlled treatment period was < 1% with Orilissa 150 mg once daily, 6%with Orilissa 200 mg twice daily and 0% with placebo. In the blinded extension Study EM-4, continued bone loss was observed with 12 months of continuous treatment with Orilissa. The percentage of subjects with greater than 8% BMD decrease in lumbar spine, total hip or femoral neck at any time point during the extension treatment period was 2% with continuous Orilissa 150 mg once daily and 21% with continuous Orilissa 200 mg twice daily.

Oriahnn Efficacy:

Oriahnn was studied in two randomized, double-blind placebo-controlled trials: Study UF-1(NCT02654054) and Study UF-2 (NCT02691494). Women (n=790) with heavy menstrual bleeding (defined as at least two menstrual cycles with greater than 80 mL of menstrual blood loss) were assigned to treatment with Oriahnn or placebo for 6 months. The primary endpoint was a 50% of greater reduction in menstrual blood loss volume from baseline to the final months. In the Study UF-1 the difference from placebo was 59.8% (95% CI 51.1, 68.5: p-value <0.001) for the treatment arm. In the Study UF-2 the difference from placebo was 66.0% (95% CI 57.1,75.0: p-value <0.001) for the treatment arm.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of Orilissa or Oriahnn are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to Oriahnn include: High risk of arterial, venous thrombotic, or thromboembolic disorder; Pregnancy; Known osteoporosis; Current or history of breast cancer or other hormonally-sensitive malignancies; Known liver impairment or disease; Undiagnosed abnormal uterine bleeding; Known hypersensitivity to ingredients of ORIAHNN; Organic anion transporting polypeptide (OATP)1B1 inhibitors that are known or expected to significantly increase elagolix plasma concentrations. Contraindication to Orilissa include: Pregnancy; Known osteoporosis; Severe hepatic impairment; Organic anion transporting polypeptide (OATP) 1B1 inhibitors that significantly increase elagolix plasma concentrations; Hypersensitivity reactions.

OTHER SPECIAL CONSIDERATIONS:

Orlissa: Use of the 200 mg twice daily dosing is not recommended with moderate hepatic impairment (Child-Pugh Class B).

CODING/BILLING INFORMATION

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:

Oriahnn CPPK 300-1-0.5 & 300MG
Orilissa TABS 150MG
Orilissa TABS 200MG

REFERENCES

1. Orilissa (elagolix) [prescribing information]. North Chicago, IL: AbbVie Inc; February 2021
2. Oriahnn (elagolix, estradiol, and norethindrone acetate capsules; elagolix capsules) [prescribing information]. North Chicago, IL: AbbVie Inc; August 2021
3. Illinois HFS Drugs with Stipulated PA Language per Contract for MCOs 10.01.2021