Effective Date: 12/01/2020
Reviewed: 9/2020, 4/2021, 2/2022, 3/2023, 3/2024, 3/2025 Scope: Medicaid

Oriahnn (elagolix, estradiol and norethindrone)
Myfembree (relugolix, estradiol and norethindrone)

POLICY

I. CRITERIA FOR APPROVAL

An authorization of 6 months may be granted when all the following criteria are met:

A. Member is 18 years of age and older, **AND**
B. Prescribed by or in consultation with a obstetrics/gynecologist (OB/GYN) or reproductive endocrinologist, **AND**
C. Member has no history of osteoporosis or a bone mineral density T score of -1.5 or less at the lumbar spine, total hip or femoral neck, **AND**
D. Member has not received more than 24 months of therapy with Oriahnn or Myfembree; AND

Uterine Fibroids

E. The member has a documented diagnosis of heavy menstrual bleeding associated with uterine fibroids, **AND**
F. Documentation that member is premenopausal, **AND**
G. Documentation that the member has tried and failed OR had an intolerance or contraindication to at least three formulary alternatives (i.e., tranexamic acid, norethindrone, NuvaRing, etc.), **AND**
H. Member has no history of pelvic inflammatory disease and/or persistent or complex ovarian cysts if they are requesting Oriahnn; OR

Pain Associated with Endometriosis

I. Member has diagnosis of moderate to severe pain associated with endometriosis
J. Documentation that member is premenopausal, AND
K. Member has tried and failed OR had an intolerance, or contraindication after a three month trial of two analgesics (e.g., ibuprofen, meloxicam, naproxen); AND
L. Member has tried and failed OR had an intolerance, or contraindication after a three month trial to one of the following: hormonal contraceptives or Progestins(e.g., norethindrone)
M. If the member has been previously received treatment with an elagolix-containing product (e.g., Oriahnn, Orlissa) or a relugolix-containing product (e.g. Myfembree) the member has not already received ANY of the following: greater than 24 cumulative months of treatment with elagolix-containing products (e.g., Oriahnn, Orlissa) and/or relugolix-containing products (e.g. Myfembree), greater than six months of treatment with Orilissa 200 milligrams twice a day

II. CONTINUATION OF THERAPY

Authorization of 6 months may be granted for all members who meet all initial criteria and who have documentation of a positive clinical response after at least 6 months of therapy with Oriahnn or

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Myfembree as evidenced by a decrease in heavy menstrual bleeding and/or pain associated with endometriosis and improvement in overall signs and symptoms of the condition.

III. QUANTITY LIMIT

- Oriahnn: 56 tablets per 28 days
- Myfembree: 28 tablets per 28 days

IV. COVERAGE DURATION

- Maximum of 24 months of therapy

V. REFERENCES

1. Oriahnn [package insert]. North Chicago, IL: AbbVie Inc.; June 2023.
2. MyFembree [package insert]. Brisbane, CA: Myovant Sciences, Inc.; July 2024.