

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

- A. The member has a documented diagnosis of heavy menstrual bleeding associated with uterine fibroids, **AND**
- B. Documentation that member is premenopausal, **AND**
- C. 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**
- D. 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**

- A. Member has diagnosis of moderate to severe pain associated with endometriosis
- B. Documentation that member is premenopausal, **AND**
- C. 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**
- D. 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)

#### **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 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

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**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.; January 2024.