Pharmacy Medical Necessity Guidelines:
Endocrine Agents: Orilissa, Oriahnn, Myfembree, and Synarel

Effective: January 13, 2026

Prior Authorization Required	√	Type of Review – Care Management	
Not Covered		Type of Review – Clinical Review	√
Pharmacy (RX) or Medical (MED) Benefit	RX	Department to Review	RXUM
These pharmacy medical necessity guidelines apply to the following: ☒ Tufts Health RITogether – A Rhode Island Medicaid Plan		**Fax Numbers:** RXUM: 617.673.0939	

Note: This guideline does not apply to Medicare Members (includes dual eligible Members).

OVERVIEW

Orilissa (elagolix) is a gonadotropin-releasing hormone (GnRH) receptor antagonist indicated for the management of moderate to severe pain associated with endometriosis. The dosing and length of treatment should be limited to coexisting condition. Orilissa 150 mg once daily should be limited to 24 months and the 200 mg twice daily should be limited to 6 months.

Oriahnn (elagolix, estradiol, and norethindrone acetate capsules; elagolix capsules) is a combination of elagolix, a gonadotropin-releasing hormone (GnRH) receptor antagonist, estradiol, an estrogen, and norethindrone acetate, a progestin, indicated for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) in premenopausal women.

Use of elagolix containing products should be limited to 24 months due to the risk of continued bone loss, which may not be reversible.

Myfembree (relugolix, estradiol hemihydrate, and norethindrone acetate) tablet is indicated for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) in premenopausal women. It is also indicated for the management of moderate-to-severe pain associated with endometriosis in premenopausal women. Use of relugolix containing products should be limited to 24 months.

Synarel (nafarelin acetate) nasal solution is a GnRH agonist indicated for the treatment of central precocious puberty (CPP) and indicated for management of endometriosis, including pain relief and reduction of endometriotic lesions.

COVERAGE GUIDELINES

Orilissa or Myfembree for diagnosis of pain associated with endometriosis

1. The member is at least 18 years of age or older

AND

2. The Member has moderate to severe pain associated with endometriosis

AND

3. The Member has had an insufficient response or intolerance to generic alternatives in two of the following classes:
   - Nonsteroidal anti-inflammatory drugs (NSAIDs)
   - Hormonal contraceptives
   - Oral danazol
   - Oral or depot medroxyprogesterone
   - Oral norethindrone

Oriahnn or Myfembree for the diagnosis of heavy menstrual bleeding

1. Documentation that member is premenopausal

AND

2. Documented diagnosis of heavy menstrual bleeding associated with uterine leiomyomas (fibroids)

AND

3. The Member has had an inadequate response or intolerance to **ONE** of the following:
   A. A hormonal contraceptive method (e.g.: combined estrogen-progestin contraceptives, levonorgestrel-releasing intrauterine devices**,** or progestin-only contraceptives)

   AND

   B. Generic tranexamic acid tablets

Synarel

Endometriosis:

1. The member is at least 18 years of age or older

AND

2. The Member has a documented diagnosis of endometriosis by OB/GYN

AND

3. The Member has moderate to severe pain associated with endometriosis

AND

4. The Member has had an insufficient response or intolerance to generic alternatives in two of the following classes:
   - Nonsteroidal anti-inflammatory drugs (NSAIDs)
   - Hormonal contraceptives
   - Oral danazol
   - Oral or depot medroxyprogesterone
   - Oral norethindrone

Central Precocious Puberty (CPP):

1. The member is ≤ 12 years of age

AND

2. The Member has a documented diagnosis of central precocious puberty (CPP)

Dysphoria/Gender Incongruence in Adolescents:

1. Documented diagnosis of dysphoria/gender incongruence

AND

2. Documentation the Member is less than 18 years of age

AND

3. Documentation the Member has experienced puberty development to at least Tanner stage 2

Dysphoria/Gender Incongruence in Adults:

1. Documented diagnosis of dysphoria/gender incongruence

AND

2. Documentation the Member is at least 18 years of age or older

AND

3. Documentation the Member will receive the requested agent concomitantly with cross sex hormones (testosterone or estrogen and spironolactone)

LIMITATIONS

1. Coverage authorization for Orilissa 200mg tablets is limited to 6 months. Coverage past 6 months will not be authorized.
2. Coverage of authorization for Orilissa 150 mg tablets is limited to 24 months. Combined total duration of coverage for all strengths of Orilissa is limited to 24 months.
3. Coverage authorization for Myfembree tablets and Oriahnn is limited to 24 months. Coverage past 24 months of therapy will not be authorized.
4. Coverage authorization for Synarel for the diagnosis of endometriosis will be limited to six months, and for Central Precocious Puberty will through age 18.
5. The following quantity limitations apply:

Orilissa (elagolix) 150 mg	30 tablets per 30 days
Orilissa (elagolix) 200 mg	60 tablets per 30 days
Oriahnn (elagolix, estradiol, and norethindrone acetate capsules; elagolix) capsules	4 blister packs per 28 days
Myfembree (relugolix-estradiol-norethindrone acetate) tablets	30 tablets per 30 days

CODES

None

REFERENCES

1. Myfembree (relugolix, estradiol hemihydrate, and norethindrone acetate tablet, film coated) [prescribing information]. Marlborough, MA: Sumitomo Pharma America, Inc; July 2024.
2. Oriahnn (elagolix, estradiol, and norethindrone acetate capsules; elagolix capsules) [prescribing information]. North Chicago, IL: AbbVie Inc.; June 2023.
3. Orilissa (elagolix) [prescribing information]. North Chicago, IL: AbbVie Inc.; June 2023.
4. Schenken RS. Endometriosis: treatment of pelvic pain. UpToDate. Waltham, MA: UpToDate Inc. www.uptodate.com. Accessed 27 December 2023.
5. Synarel (nafarelin acetate) [prescribing information]. New York, NY: Pfizer Labs Inc.; February 2023.

APPROVAL HISTORY

October 11, 2022: Reviewed by Pharmacy & Therapeutics Committee.
Subsequent endorsement date(s) and changes made:

1. April 11, 2023: Effective May 1, 2023, updated MNG to include indication of pain associated with endometriosis for Myfembree. Updated criteria for Oriahnn and Myfembree for the diagnosis of heavy menstrual bleeding to allow trial with either hormonal contraceptives or tranexamic acid rather than both. Updated "gender dysphoria" to "gender incongruence." For diagnosis of dysphoria/gender incongruence in adolescents, updated age requirement from "adolescent" to "less than 18 years of age."
2. January 9, 2024: Effective April 1, 2024, updated the limitations section to specify that the combined total duration of approval for all strengths of Orilissa is limited to 24 months. Updated RxUM fax number.
3. January 14, 2025: No changes
4. January 13, 2026: No changes.

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.