Patient Information

Relugolix with estradiol and norethisterone acetate (RYEQO)

Why have I been offered these tablets and how do they work?

The treatment, called relugolix–estradiol–norethisterone (also known as relugolix combination therapy or Ryeqo), works by blocking specific hormones that contribute to endometriosis, while also providing necessary hormone replacement in a single daily tablet. Each ingredient plays a key role:

- **Relugolix** lowers the body's natural hormone production (including oestrogen and progesterone) to stop the hormones from fuelling endometriosis.
- **Estradiol** is added back in small amounts to prevent the *side effects* of having too little oestrogen (like hot flushes and bone thinning).
- **Norethisterone** helps *balance out* the estradiol so it doesn't cause more growth in the uterine lining — exactly what you *don't* want with endometriosis.

How can I get a prescription for RYEQO and how long can I take this treatment?

RYEQO will need to be initiated by a hospital setting at present and we will supply the first two months prescription, we will also inform your GP practice at this point to continue your prescription.

As per the NICE (TA832) guidelines a urinary pregnancy test will need to be completed before a prescription can be made. In addition all hormonal contraception should be stopped prior to starting RYEQO.

One tablet of RYEQO must be taken at the same time with or without food.

RYEQO can be taken indefinitely as long as the drug is effective or until instructed to stop via a specialist. Discontinuation of the medication should be considered once the patient enters menopause.

How do the RYEQO work in my body?

Ryeqo works in a similar way to GnRH injections . These medications work by suppressing the release of oestrogen in women and testosterone in men, by affecting the pituitary gland's secretion of luteinizing hormone (LH) and follicle-stimulating hormone (FSH). The decrease in these hormones ultimately reduces the production of oestrogen and progesterone in the ovaries.

You may experience an initial temporary flare up of symptoms this is due to a sudden increase in hormone levels when the treatment starts, which can make symptoms feel worse for a short period—typically, this flare lasts only a couple of weeks. This happens because the body adjusts to the sudden changes in hormone levels.

The induced menopausal state, or anovulation (when the ovaries stop releasing eggs), is key to the treatment's effectiveness. By depriving the endometrial deposits (which could be endometriosis tissue or other similar growths) of oestrogen, the medication prevents the hormonal stimulation that typically causes these growths to bleed and result in pain.

Once the hormone levels start to stabilise, most women will see start to see a reduction/stop of menstrual bleeding, and the associated pelvic pain should start to improve. This usually takes about two months for hormone levels to reach a stable point where symptoms like bleeding and pain are significantly improved.

Are there any side effects?

Common or very common

Alopecia; breast cyst; dyspepsia; hot flush; irritability; libido decreased; menstrual cycle irregularities; sweat changes; uterine haemorrhage

Uncommon

Uterine myoma expulsion

Frequency not known

Arterial thromboembolism; bone loss; uterine leiomyoma prolapse

RYEQO can also increase the risk of osteoporosis due to prolonged low oestrogen levels. This is because oestrogen plays a crucial role in bone density, and without it, bones can become more fragile over time. A bone density scan (Dexa- Dual Energy X-ray Absorptiometry) will be need to be performed after one year of treatment.

Pregnancy and Contraception

RYEQO is contraindicated in pregnancy and should be stopped if a patient becomes pregnant. Breastfeeding is also contraindicated during the treatment of RYEQO and for two weeks following discontinuation.

Once starting RYEQO an appropriate non hormonal contraceptive such as condoms should be used for the first month and for a week after if two or more doses are missed.

What to expect when I stop taking RYEQO?

After stopping RYEQO, your body will gradually returns to its normal hormonal rhythms. This can take up to 6 to 10 weeks for ovulation and menstrual cycles to resume and can vary depending on how long you were on the treatment. The symptoms related to your underlying condition, like heavy periods or pelvic pain, might come back once your oestrogen levels rise, but your fertility should not be impacted once ovulation resumes.

Contact numbers

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