CareSource Rxinnovations

PHARMACY POLICY STATEMENT
Marketplace

DRUG NAME	Myfembree (relugolix, estradiol, and norethindrone acetate)
BILLING CODE	Must use valid NDC
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
STATUS	Prior Authorization Required

Myfembree is a fixed-dose combination of relugolix 40 mg, estradiol 1 mg, and norethindrone acetate 0.5 mg indicated for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) in premenopausal women and endometriosis. Relugolix is a GnRH receptor antagonist. The addition of the estradiol component may reduce the extent of bone loss from the decreased estrogen concentration resulting from relugolix. The purpose of the norethindrone component is to protect from potential adverse effects of unopposed estrogen. The use of Myfembree must not exceed 24 months due to the risk of bone loss.

Myfembree (relugolix, estradiol, and norethindrone acetate) will be considered for coverage when the following criteria are met:

Uterine Fibroids

For **initial** authorization:

1. Member is a premenopausal female at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with an OB/GYN; AND
3. Member has a documented diagnosis of heavy menstrual bleeding associated with uterine leiomyomas (fibroids); AND
4. Member has had no less than a 90-day trial and failure of at least one of the following: Oral contraceptive, levonorgestrel-releasing intrauterine device (IUD), or tranexamic acid; AND
5. Member does not have ANY of the following:
   a) Pregnancy or plan to become pregnant during treatment
   b) Osteoporosis
   c) History or high risk of thrombotic or thromboembolic disorders
   d) Current or history of breast cancer or other hormone-sensitive malignancies.
6. **Dosage allowed/Quantity limit:** 1 tablet once daily (28 tablets per 28 days)

If all the above requirements are met, the medication will be approved for 12 months.

For **reauthorization**:

1. Chart notes must show reduction in menstrual blood loss volume and/or an improvement in hemoglobin level and/or significantly reduced fibroid-related pain.
2. Duration of treatment has not exceeded 24 months.

If all the above requirements are met, the medication will be approved for an additional 12 months. Reauthorization will not be allowed after 24 months of therapy.

Endometriosis

For **initial** authorization:

1. Member is premenopausal and 18 years of age or older; AND
2. Medication must be prescribed by or in consultation with a gynecologist; AND
3. Member is having moderate to severe painful symptoms (e.g., pelvic pain, dysmenorrhea, etc.) associated with endometriosis (documentation required); AND
4. Member has tried and failed to control symptoms after trials with both of the following, unless not tolerated or contraindicated:
   a) 30 days of an NSAID;
   b) 3 months of a hormonal contraceptive; AND
5. Member does not have ANY of the following:
   a) Pregnancy or plan to become pregnant during treatment;
   b) Osteoporosis;
   c) History or high risk of thrombotic or thromboembolic disorders;
   d) Current or history of breast cancer or other hormone-sensitive malignancies
6. **Dosage allowed/Quantity limit:** 1 tablet once daily (28 tablets per 28 days)

If all the above requirements are met, the medication will be approved for 12 months.

For **reauthorization**:

1. Chart notes must show reduction in menstrual blood loss volume and/or an improvement in hemoglobin level and/or significantly reduced fibroid-related pain.
2. Duration of treatment has not exceeded 24 months.

If all the above requirements are met, the medication will be approved for an additional 12 months. Reauthorization will not be allowed after 24 months of therapy.

CareSource considers Myfembree (relugolix, estradiol, and norethindrone acetate) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
08/10/2021	New policy for Myfembree created.
08/18/2022	Transferred to new template. Added section for Endometriosis. Updated references.

References:

1. Myfembree [package insert]. Brisbane, CA: Myovant Sciences, Inc; August 2022.
2. Al-Hendy A, Lukes AS, Poindexter AN 3rd, et al. Treatment of Uterine Fibroid Symptoms with Relugolix Combination Therapy. *N Engl J Med*. 2021;384(7):630-642.
3. Stewart EA, Adelman MR, Jacoby VL; Committee on Practice Bulletins—Gynecology. Management of symptomatic uterine leiomyomas. *Obstet Gynecol*. 2021;137(6):e100-e115. doi:10.1097/AOG.0000000000004401.
4. De La Cruz MS, Buchanan EM. Uterine Fibroids: Diagnosis and Treatment. *Am Fam Physician*. 2017;95(2):100-107.
5. Vilos GA, Allaire C, Laberge PY, Leyland N; SPECIAL CONTRIBUTORS. The management of uterine leiomyomas. *J Obstet Gynaecol Can*. 2015;37(2):157-178.
6. Schrager S, Falleroni J, Edgoose J. Evaluation and treatment of endometriosis. Am Fam Physician. 2013 Jan 15;87(2):107-13.
7. Armstrong C. ACOG updates guideline on diagnosis and treatment of endometriosis. Am Fam Physician. 2011 Jan 1;83(1):84-85.
8. Falcone T, Flyckt R. Clinical Management of Endometriosis. Obstetrics & Gynecology. 2018; 131(3):557-571.
9. Giudice LC, et al. Once daily oral relugolix combination therapy versus placebo in patients with endometriosis-associated pain: two replicate phase 3, randomised, double-blind, studies (SPIRIT 1 and 2). Lancet. 2022 Jun 18;399(10343):2267-2279.

Effective date: 01/01/2023
Revised date: 08/18/2022