CareSource Rxinnovations

PHARMACY POLICY STATEMENT
North Carolina Marketplace

DRUG NAME	**Myfembree (relugolix, estradiol, and norethindrone acetate)**
BENEFIT TYPE	Pharmacy
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 and 18 years of age or older; AND
2. Medication must be prescribed by or in consultation with a gynecologist; AND
3. Chart notes must include documentation of heavy menstrual bleeding associated with uterine fibroids; AND
4. Member has had a 90-day trial and failure of a hormonal contraceptive OR tranexamic acid; AND
5. Provider attests that member does **NOT** have **ANY** of the following:
   a) Pregnancy or plan to become pregnant while taking medication;
   b) Current or history of thrombotic or thromboembolic disorders;
   c) High risk of thrombotic or thromboembolic disorder (e.g., uncontrolled hypertension, smoker over 35 years of age, etc.).
6. **Dosage allowed/Quantity limit:** Take 1 tablet once daily. Quantity limit: 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 has a diagnosis of endometriosis confirmed by imaging or laparoscopy; AND
4. Member must have documentation of painful symptoms (e.g., pelvic pain, dysmenorrhea, etc.) associated with endometriosis; AND
5. Member has failed a 3-month trial of a hormonal contraceptive; AND
6. Provider attests that member does **NOT** have **ANY** of the following:
   a) Pregnancy or plan to become pregnant while taking medication;
   b) Current or history of thrombotic or thromboembolic disorders;
   c) High risk of thrombotic or thromboembolic disorder (e.g., uncontrolled hypertension, smoker over 35 years of age, etc.).
7. **Dosage allowed/Quantity limit:** Take 1 tablet once daily. Quantity limit: 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 dysmenorrhea and/or pain due to endometriosis; AND
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.
03/25/2024	Updated references. Fibroids: simplified trial from specific agents to hormonal contraceptive or tranexamic acid; removed osteoporosis and current/history of breast cancer contraindication; added current or history of thrombotic or thromboembolic disorders; Endometriosis: added confirmation by imaging or laparoscopy of endometriosis diagnosis; removed 30-day trial of NSAID; removed osteoporosis and current/history of breast cancer contraindication; added current or history of thrombotic or thromboembolic disorders; replaced reauthorization criteria with decrease in dysmenorrhea and/or pain due to endometriosis.

References:

1. Myfembree [package insert]. Brisbane, CA: Myovant Sciences, Inc; 2023.
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. American Association of Gynecologic Laparoscopists (AAGL). AAGL practice report: practice guidelines for the diagnosis and management of submucous leiomyomas. *J Minim Invasive Gynecol*. Mar-Apr 2012;19(2):152-71.
4. Management of Symptomatic Uterine Leiomyomas: ACOG Practice Bulletin, Number 228. *Obstet Gynecol.* 2021;137(6):e100-e115. doi:10.1097/AOG.0000000000004401
5. De La Cruz MS, Buchanan EM. Uterine Fibroids: Diagnosis and Treatment. *Am Fam Physician*. 2017;95(2):100-107.

6. Vilos GA, Allaire C, Laberge PY, Leyland N; SPECIAL CONTRIBUTORS. The management of uterine leiomyomas. *J Obstet Gynaecol Can*. 2015;37(2):157-178.
7. Schrager S, Falleroni J, Edgoose J. Evaluation and treatment of endometriosis. *Am Fam Physician*. 2013 Jan 15;87(2):107-13.
8. Armstrong C. ACOG updates guideline on diagnosis and treatment of endometriosis. *Am Fam Physician.* 2011 Jan 1;83(1):84-85.
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.
10. Becker CM, Bokor A, Heikinheimo O, et al. ESHRE guideline: endometriosis. *Hum Reprod Open.* 2022;2022(2):hoac009. Published 2022 Feb 26. doi:10.1093/hropen/hoac009

Effective date: 10/01/2024
Revised date: 03/25/2024