PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

MYFEMBREE
(relugolix/estradiol/norethindrone acetate)

Status: CVS Caremark Criteria
Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS
Myfembree is indicated for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) in premenopausal women.

Limitation of Use:
Use of Myfembree should be limited to 24 months due to the risk of continued bone loss which may not be reversible.

COVERAGE CRITERIA
The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) in a premenopausal patient

AND

- If the patient has previously received treatment with an elagolix-containing product (e.g., Oriahnn, Orilissa) or a relugolix-containing product (e.g., Myfembree), the patient has not already received any of the following: A) Greater than or equal to 24 cumulative months of treatment with elagolix-containing products (e.g., Oriahnn, Orilissa) and/or relugolix-containing products (e.g., Myfembree), B) Greater than or equal to 6 months of treatment with Orilissa 200mg twice daily

Duration of Approval Limits apply.

REFERENCES

1. Myfembree [package insert]. Brisbane, CA: Myovant Sciences, Inc.; May 2021.
2. Oriahnn [package insert]. North Chicago, IL: AbbVie Inc.; May 2020.
3. Orilissa [package insert]. North Chicago, IL: AbbVie Inc.; February 2021.
4. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed June 1, 2021.
5. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www.micromedexsolutions.com. Accessed June 1, 2021.