STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Services
Prior Authorization Criteria
Myfembree®
(Relugolix, Estradiol, and Norethindrone acetate)
Effective 11/17/2021

Prior Authorization Request Form

Myfembree *is a combination of relugolix, 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.*

CRITERIA FOR APPROVAL:

1. Patient must be a premenopausal woman diagnosed with heavy menstrual bleeding associated with uterine leiomyomas (fibroids); **AND**

2. Patient must be within the age range as recommended by the FDA label; **AND**

3. Patient must not be pregnant; **AND**

4. Patient must not be diagnosed with osteoporosis; **AND**

5. Patient has failed a 90-day trial with one agent from **ONE** the following categories (unless contraindicated):

    a. Combination Estrogen/Progestin contraceptives
    b. Progestin therapy (oral, transdermal, vaginal ring, IUD, or injections)
    c. Tranexamic acid

Initial prior authorization will be for 90 days. Continuation of coverage requires documentation of clinically significant improvement in symptoms as compared to that seen using previous therapy.

Maximum length of therapy is limited to 24 months due to the risk of continued bone loss, which may not be reversible.

References:

1.) Myfembree Package Insert
2.) Lexi-Comp Clinical Application 11/2021
3.) UpToDate Clinical monograph: Uterine fibroids (leiomyomas): Treatment overview reviewed 11/2021