

POLICY NAME	Myfembree (Relugolix, Estradiol, and	POLICY #	3052P
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Criteria

Coverage Criteria for Endometriosis

- ☐ 1.1 Diagnosis of moderate to severe pain associated with endometriosis
- ☐ 1.2 Age 18 years or older
- ☐ 1.3 Patient is premenopausal
- ☐ 1.4 Ordered by or in consultation with an obstetrician-gynecologist
- ☐ 1.5 Documented failure, intolerance, or contraindication to a 3-month trial of NSAIDs and contraceptives

Coverage Criteria for Uterine Leiomyomas (Fibroids)

- ☐ 2.1 Diagnosis of heavy menstrual bleeding associated with uterine leiomyomas (fibroids)
- ☐ 2.2 Age 18 years or older
- ☐ 2.3 Patient is premenopausal
- ☐ 2.4 Documented history of inadequate control of bleeding following a trial of at least 3 months, intolerance, or contraindication to one of the following: estrogen combination (estrogen/progesterone) oral contraceptive, progestins, or tranexamic acid, OR
- ☐ 2.5 Documentation of a previous interventional therapy to reduce bleeding (e.g., uterine-artery embolization)

Exclusion Criteria – Any of the following prevents coverage

- ☐ 3.1 Treatment duration beyond 24 months
- ☐ 3.2 Myfembree will not be approved if being used in combination with Lupron, Orilissa, or Oriahnn