

**relugolix-estradiol-norethindrone acetate tablet (MYFEMBREE)**

**Diagnoses Considered for Coverage:**

- Heavy menstrual bleeding due to uterine leiomyomata (uterine fibroids)
- Moderate to severe pain due to endometriosis

**Coverage Criteria:**

**For diagnosis of heavy menstrual bleeding due to uterine leiomyomata (fibroids):**

- Patient is pre-menopausal female, **and**
- Dose does not exceed 1 tablet per day.

**For diagnosis of pain associated with endometriosis:**

- Provider attestation that patient has moderate to severe pain due to endometriosis, **and**
- Prescribed by or in consultation with a specialist in women's health (e.g. gynecologist, obstetrician, endocrinologist), **and**
- Dose does not exceed 1 tablet per day, **and**
- Inadequate response or intolerable side effect from at least TWO drug therapies from different drug classes used to treat endometriosis-associated pain, or contraindication to all:

- NSAIDs (i.e. ibuprofen, naproxen, etc.)
- Combination estrogen with progesterone hormonal contraceptive
- Progestogens (oral or depot medroxyprogesterone acetate, levonorgestrel-IUD, norethindrone)
- GnRH analog (e.g. leuprolide IM injection, goserelin implant, nafarelin nasal spray)

**Coverage Duration: 24 months**

Effective Date: 5/31/2023