BlueCross BlueShield
Federal Employee Program

MYFEMBREE
(relugolix, estradiol, and norethindrone acetate)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Gender Female

Diagnoses

Patient must have **ONE** of the following:

1. Heavy menstrual bleeding associated with uterine leiomyomas (fibroids)
2. Moderate to severe pain associated with endometriosis

AND ALL of the following:

1. Patient is premenopausal
2. Pregnancy has been excluded
3. Medication is being prescribed by or in consultation with an obstetrician-gynecologist (OB-GYN)
4. Patient has **NOT** already used Myfembree or Oriahnn cumulatively for 24 months
5. **NOT** used in combination with Oriahnn
6. Patient does **NOT** have current, or history of thrombotic or thromboembolic disorders **AND** patient is not at increased risk for these events (e.g., women over 35 years of age who smoke or women with uncontrolled hypertension)
7. **NO** known liver impairment or disease (e.g., clinically significant elevated transaminases > 2-3 times upper limit of normal, fibrosis F1-F4, etc.)
8. **NO** known osteoporosis
9. Prescriber agrees to monitor for suicidal ideation and mood disorders

Prior - Approval Limits

Quantity 84 tablets per 84 days
Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Gender Female

BlueCross BlueShield
Federal Employee Program

MYFEMBREE
(relugolix, estradiol, and norethindrone acetate)

Diagnoses

Patient must have **ONE** of the following:

1. Heavy menstrual bleeding associated with uterine leiomyomas (fibroids)
2. Moderate to severe pain associated with endometriosis

AND ALL of the following:

1. Documented improvement in patient's condition
2. Medication is being prescribed by or in consultation with an obstetrician-gynecologist (OB-GYN)
3. Patient has **NOT** already used Myfembree or Oriahnn cumulatively for 24 months
4. **NOT** used in combination with Oriahnn
5. Patient does **NOT** have current, or history of thrombotic or thromboembolic disorders **AND** patient is not at increased risk for these events (e.g., women over 35 years of age who smoke or women with uncontrolled hypertension)
6. **NO** known liver impairment or disease (e.g., clinically significant elevated transaminases > 2-3 times upper limit of normal, fibrosis F1-F4, etc.)
7. **NO** known osteoporosis
8. Prescriber agrees to monitor for suicidal ideation and mood disorders

Prior - Approval *Renewal* Limits

Quantity 84 tablets per 84 days
Duration 12 months **– One renewal ONLY**