BlueCross BlueShield
Federal Employee Program

MYFEMBREE
(relugolix, estradiol, and norethindrone acetate)

RATIONALE FOR INCLUSION IN PA PROGRAM

Background

Myfembree combines relugolix, estradiol (E2), and norethindrone acetate (NETA). Relugolix is a gonadotropin-releasing hormone (GnRH) receptor antagonist that binds competitively to pituitary GnRH receptors, thereby reducing the release of luteinizing hormone (LH) and follicle-stimulating hormone (FSH), leading to decreased serum concentrations of the ovarian sex hormones estradiol and progesterone and reduced bleeding associated with uterine fibroids (1).

Estradiol acts by binding to nuclear receptors that are expressed in estrogen-responsive tissues. As a component of Myfembree, the addition of exogenous estradiol may reduce the increase in bone resorption and resultant bone loss that can occur due to a decrease in circulating estrogen from relugolix alone (1).

Progestins such as norethindrone act by binding to nuclear receptors that are expressed in progesterone-responsive tissues. As a component of Myfembree, norethindrone may protect the uterus from the potential adverse endometrial effects of unopposed estrogen (1).

Regulatory Status

FDA-approved indications: : Myfembree is a combination of relugolix, a GnRH receptor antagonist, estradiol, an estrogen, and norethindrone acetate, a progestin, indicated in premenopausal women for the: (1)

- management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids).
- management of moderate to severe pain associated with endometriosis.

Limitations of Use: Use of Myfembree should be limited to 24 months due to the risk of continued bone loss, which may not be reversible (1).

Myfembree has a boxed warning regarding the increased risk of thromboembolic disorders and vascular events, especially in women at increased risk for these events. Myfembree is contraindicated in women with current or a history of thrombotic or thromboembolic disorders and in women at increased risk for these events, including women over 35 years of age who smoke or women with uncontrolled hypertension (1).

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Pregnancy should be excluded before starting Myfembree. The recommended total duration of treatment with Myfembree is 24 months (1).

Myfembree is contraindicated in women with known osteoporosis. Myfembree may cause a decrease in bone mineral density (BMD) in some patients. BMD loss may be greater with increasing duration of use and may not be completely reversibly after stopping treatment. The duration of use should be limited to 24 months to reduce the extent of bone loss (1).

Myfembree also has a warning regarding depression, mood disorders, and suicidal ideation. Promptly evaluate patients with mood changes and depressive symptoms to determine whether the risks of continued therapy outweigh the benefits. Advise patients to seek immediate medical attention for suicidal ideation and behavior. Reevaluate the benefits and risks of continuing Myfembree if such events occur (1).

Myfembree is contraindicated in patients with known hepatic impairment or disease (1).

The safety and effectiveness of Myfembree in pediatric patients less than 18 years of age have not been established (1).

Summary

Myfembree combines relugolix, estradiol, and norethindrone acetate. Myfembree is indicated for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) or for moderate to severe pain associated with endometriosis. The duration of use should be limited to 24 months to reduce the extent of bone loss. The safety and effectiveness of Myfembree in pediatric patients less than 18 years of age have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Myfembree while maintaining optimal therapeutic outcomes.

References

1. Myfembree [package insert]. Brisbane, CA: Myovant Sciences, Inc.; April 2024.