Relugolix, Estradiol, Norethindrone (MYFEMBREE)
Criteria for Use for
Endometriosis
March 2024

VA Pharmacy Benefits Management Services and National Formulary Committee

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information. See the VA National Formulary Committee Monograph on this drug at the *PBM INTRAnet* site for further information.

Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive the medication.

- ☐ High risk or history of arterial, venous thrombotic, or thromboembolic disorder
- ☐ Pregnancy
- ☐ Known osteoporosis
- ☐ Uncontrolled hypertension
- ☐ Current or history of breast cancer or other hormonally sensitive malignancies
- ☐ Known hepatic impairment or disease
- ☐ Undiagnosed abnormal uterine bleeding
- ☐ Concomitant use of hormonal contraceptives
- ☐ Concomitant use of P-glycoprotein (P-gp) inhibitors^1
- ☐ Concomitant use of combined P-gp and strong CYP3A inducers
- ☐ Any additional contraindication to receiving estrogen and/or progestin
- ☐ Known hypersensitivity to relugolix, estradiol, or norethindrone

Inclusion Criteria

All of the following criteria must be met.

- ☐ Prescribed by or in consultation with a VA/VA Community Care Gynecology or Women's Health Provider
- ☐ Diagnosis of endometriosis (clinical or surgical) in a premenopausal patient
- ☐ Contraindication, intolerance, or inadequate response to one alternative treatment (e.g., NSAID, estrogen-containing or progestin-only hormonal contraceptive)
- ☐ Assessed for history of suicidal ideation, depression, and mood disorders prior to starting treatment^2
- ☐ Assessed for risk of bone density loss ^3
- ☐ Planned duration of treatment not to exceed a maximum of 24 months (due to risk for bone loss)

Additional Inclusion Criteria

- ☐ For patients who can become pregnant: Exclude pregnancy prior to receiving REN.
- ☐ For patients who can become pregnant: Counseling provided on potential risks vs benefits of treatment and the use of effective nonhormonal contraception during therapy.

1. If concomitant use is unavoidable, take the interacting medication at least 6 hours after REN.
2. Gonadotropin-releasing hormone receptor antagonists including REN have been associated with mood disorders (including depression) and suicidal ideation. Patients should be monitored for mood changes and depressive symptoms after starting treatment.
3. GnRH antagonists including relugolix are associated with bone loss. Manufacturer recommends baseline DXA (dual-energy X-ray absorptiometry) and periodic follow-up during treatment. Consider risks and benefits of treatment in patients with history of low trauma fracture or risk factors for low bone density.

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