CONSIDERATIONS FOR COMPLETING MEDICAL NECESSITY OR MEDICAL EXCEPTION REQUESTS

Myfembree®
(relugolix, estradiol, and norethindrone acetate) tablets
40 mg, 1 mg, 0.5 mg

This resource is intended as educational support to assist providers who would like to complete a medical necessity or exception request. The provider has the responsibility to ensure correct policies are followed. Providers must ensure they accurately complete and submit necessary information to payers. Use of these tips or the checklist does not guarantee that the health plan will provide reimbursement for medication, nor are they intended to be a substitute for, or influence on, providers' independent medical judgment.

Information on Completing Medical Necessity and Medical Exception Requests

- When patients are prescribed Myfembree®, it is possible that their health plan may require utilization management (prior authorization or step therapy) before approval or not have Myfembree on formulary/covered. In such cases, a request for medical necessity or medical exception can be submitted, respectively
- A letter detailing the patient's case and reasoning behind treatment selection should be included. A sample letter is available through the Myfembree® Support Program. **Please note**: This template is for reference only, and it is the prescriber's responsibility to complete the letter based on his or her independent medical judgment
- Health plans may have their own criteria for submitting a medical necessity or medical exception request and may require a unique form that has to be filled out along with the request
- It is important to ensure that correct ID numbers are provided, such as your provider ID number, the patient's insurance ID number, and the correct ICD-10-CM diagnosis code for the patient's condition
- Follow-up with the plan should be performed to verify that the medical necessity or exception submission was successfully received and to confirm that certain time period guidelines have been met for successful submission. Plans generally have guidelines for expected response times, and many states have regulations about the amount of time that a plan may take to respond
- Information that supports the diagnosis and treatment, such as lab results may be included. The Myfembree package insert must be provided along with the submission
- Some health plans may require that a diagnosis be provided by an OB/GYN
- The list below is meant as a resource to help providers complete a medical necessity or medical exception request and is not exhaustive. It is important to be familiar with all of a health plan's medical necessity or exception requirements

Submission Checklist

- ☐ Verification of health plan's medical necessity or medical exception submission criteria and indication of specialist type (such as OB/GYN)
- ☐ Completed medical necessity or medical exception form from health plan (if applicable)
- ☐ Letter of medical necessity or medical exception
- ☐ Confirmation of previous treatment failures (if applicable)
- ☐ Correct contact information for the office
- ☐ Signed prescription form
- ☐ Myfembree package insert and other supporting documentation (blood tests, etc)
- ☐ Photocopy of the patient's insurance card
- ☐ Call to health plan to verify successful submission
- ☐ Call to health plan to check status of submission/ response

The Myfembree Support Program includes assistance with prescription coverage issues and benefits investigations. To find out more, please visit www.Myfembreehcp.com or call 1-833-MYFEMBREE (1-833-693-3627), 8 AM – 8 PM ET, Monday – Friday.

Please see full Prescribing Information, including BOXED WARNING.

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