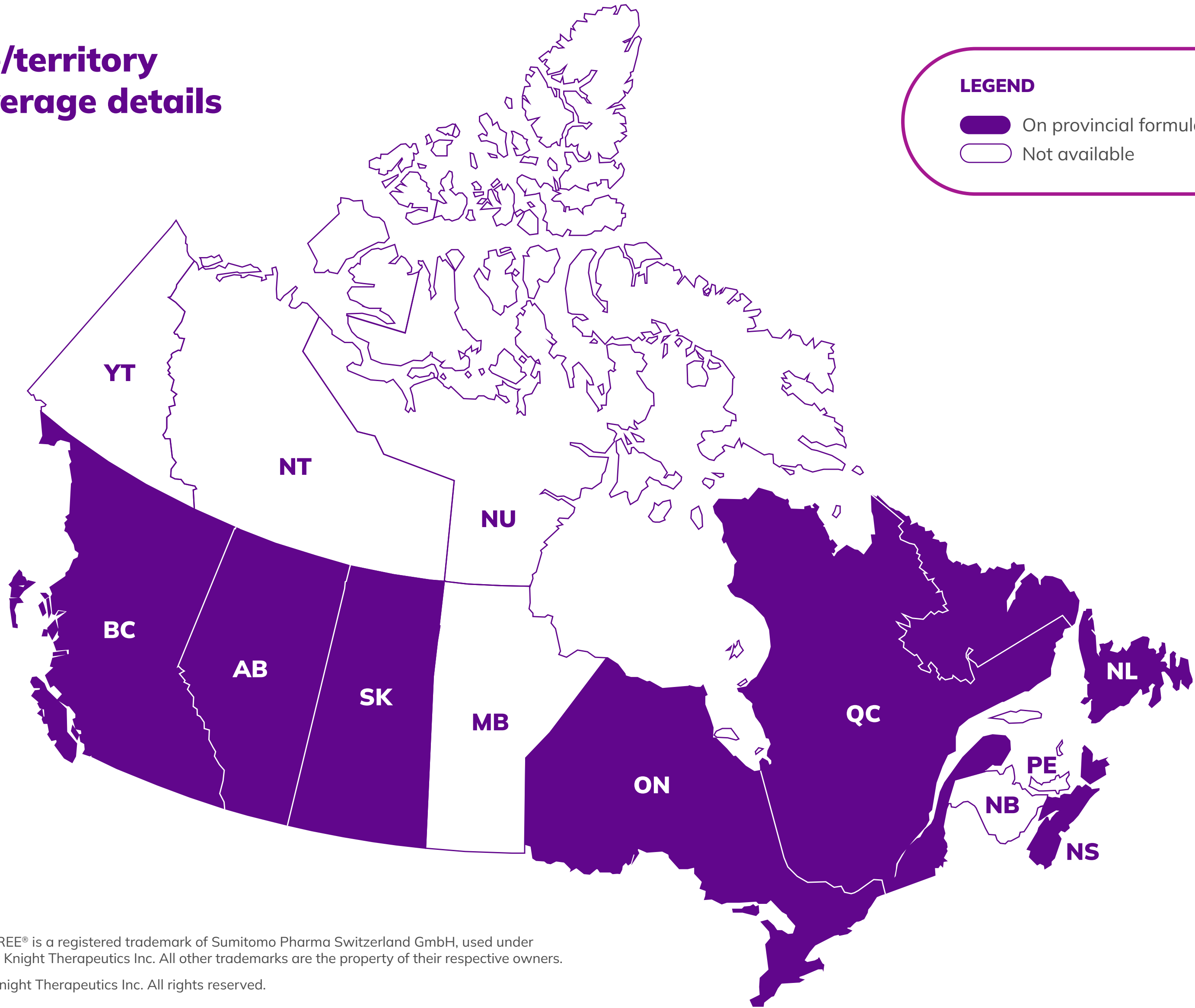


MYFEMBREE PUBLIC COVERAGE INFORMATION (criteria may apply)

Select a province/territory
to access full coverage details



LEGEND

- On provincial formulary
- Not available

MYFEMBREE is indicated in premenopausal women for the management of heavy menstrual bleeding associated with uterine fibroids and moderate-to-severe pain associated with endometriosis.¹

Please consult the [Product Monograph](#) for contraindications, warnings, precautions, adverse reactions, interactions, dosing, and conditions of clinical use. The Product Monograph is also available by calling 1-844-483-5636 or by contacting MedInfo at medinfo@knighttx.com.

Non-Insured Health Benefits Program (NIHB)
Drug Benefit List (Open Benefit)²

Therapeutic Note:
Use of MYFEMBREE should be limited to 24 months due to the risk of continued bone loss which may not be reversible.

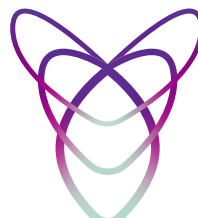
[See details](#)

References



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 **Myfembree®**
Relugolix, estradiol and
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40 mg / 1 mg / 0.5 mg

MYFEMBREE PUBLIC COVERAGE INFORMATION (criteria may apply)

Select a province/territory
to access full coverage details



LEGEND

On provincial formulary

MYFEMBREE is listed on the BC PharmaCare Formulary (Special Authority)³



Coverage Criteria:

Initial

For the management of heavy menstrual bleeding (HMB) associated with uterine fibroids (UFs) in patients aged 18 years and older who are premenopausal when all the following criteria are met:

- Confirmed UF* and HMB
- AND
- Special Authority request is submitted by an obstetrician-gynecologist

Initial approval period: 12 months

Renewal

- Patients attain and maintain a reduction in menstrual blood loss (MBL), reduction in pain, or improvement in hemoglobin (in patients with anemia)

AND

- Special Authority request is submitted by an obstetrician-gynecologist

Renewal approval period: 12 months[†]

Special notes:

- Coverage for MYFEMBREE should be discontinued if the patient has any of the following: successful surgery or procedure, plans for pregnancy, menopause symptoms, or a meaningful decline in bone mineral density (BMD).
- MYFEMBREE should not be used in combination with another gonadotropin-releasing hormone agonist or antagonist.

See details

*Diagnosis of UFs confirmed by a transvaginal ultrasound; ≥1 UF must be verified to meet ≥1 of the following criteria: Subserosal, intramural, or <50% intracavitary submucosal fibroid with a diameter ≥2 cm (longest diameter), or multiple small fibroids with a total uterine volume of ≥130 cm³.
† Treatment should not exceed a maximum duration of 24 months.

MYFEMBREE is indicated in premenopausal women for the management of heavy menstrual bleeding associated with uterine fibroids and moderate-to-severe pain associated with endometriosis.¹

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Non-Insured Health Benefits Program (NIHB) Drug Benefit List (Open Benefit)²

Therapeutic Note:

Use of MYFEMBREE should be limited to 24 months due to the risk of continued bone loss which may not be reversible.

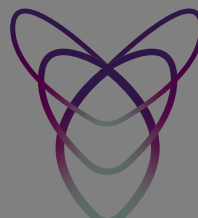
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MYFEMBREE PUBLIC COVERAGE INFORMATION (criteria may apply)

Select a province/territory
to access full coverage details

LEGEND

On provincial formulary

MYFEMBREE is listed on the
Alberta Drug Benefit List (Special Authorization)⁴

Coverage Criteria:

Special authorization coverage may be provided for patients (18 years of age and older) in the premenopausal stage for the management of confirmed heavy menstrual bleeding associated with uterine fibroids.

For coverage, this drug must be prescribed by clinicians with expertise in diagnosing and managing uterine fibroids.

Special Authorization may be granted for 6 months.

MYFEMBREE should be discontinued upon occurrence of any of the following: successful surgery or procedure, plans for pregnancy, menopause, or a meaningful decline in bone mineral density.

MYFEMBREE should not be used in combination with another gonadotropin-releasing hormone agonist or antagonist.

MYFEMBREE is eligible for auto-renewal.

See details

MYFEMBREE is indicated in premenopausal women for the management of heavy menstrual bleeding associated with uterine fibroids and moderate-to-severe pain associated with endometriosis.¹

Please consult the [Product Monograph](#) for contraindications, warnings, precautions, adverse reactions, interactions, dosing, and conditions of clinical use. The Product Monograph is also available by calling 1-844-483-5636 or by contacting MedInfo at medinfo@knighttx.com.

Non-Insured Health Benefits Program (NIHB)
Drug Benefit List (Open Benefit)²

Therapeutic Note:

Use of MYFEMBREE should be limited to 24 months due to the risk of continued bone loss which may not be reversible.

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MYFEMBREE PUBLIC COVERAGE INFORMATION (criteria may apply)

Select a province/territory
to access full coverage details

MYFEMBREE is listed on the Saskatchewan Drug Plan Formulary (Exceptional Drug Status)⁵

Coverage Criteria:

For the treatment of premenopausal individuals 18 years of age or older with heavy menstrual bleeding due to uterine fibroids.

MYFEMBREE should not be used in combination with another gonadotropin releasing hormone (GnRH) agonist or antagonist.

Approval Duration: 24 months

Discontinuation Criteria:

MYFEMBREE should be discontinued:

- Following a successful surgical procedure; OR
- If there is a plan to become pregnant; OR
- Menopause occurs; OR
- There is a meaningful decline in bone mineral density.

See details

LEGEND

On provincial formulary

MYFEMBREE is indicated in premenopausal women for the management of heavy menstrual bleeding associated with uterine fibroids and moderate-to-severe pain associated with endometriosis.¹

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Non-Insured Health Benefits Program (NIHB) Drug Benefit List (Open Benefit)²

Therapeutic Note:

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[See details](#)

References



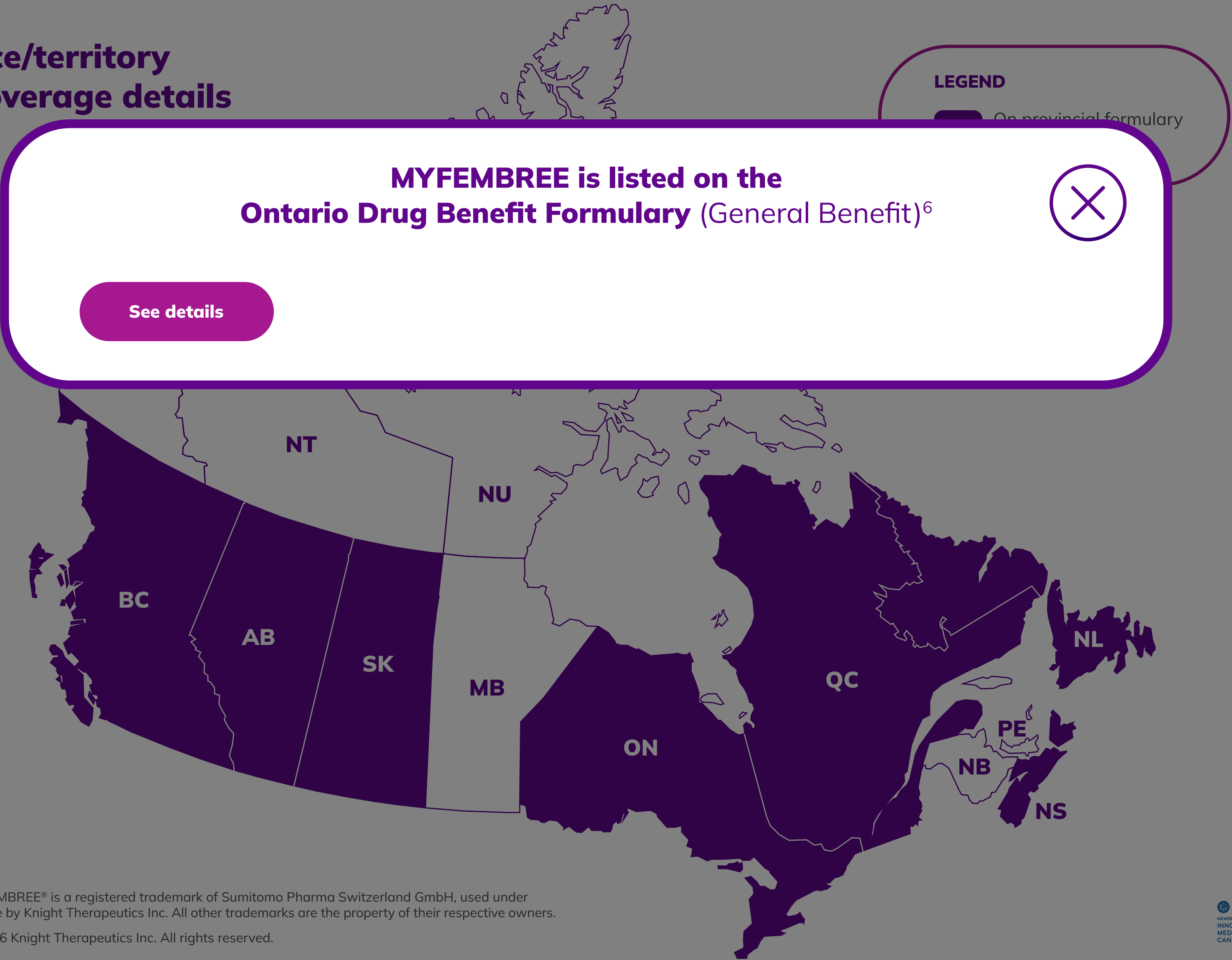
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MYFEMBREE PUBLIC COVERAGE INFORMATION (criteria may apply)

Select a province/territory
to access full coverage details



MYFEMBREE is indicated in premenopausal women for the management of heavy menstrual bleeding associated with uterine fibroids and moderate-to-severe pain associated with endometriosis.¹

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Non-Insured Health Benefits Program (NIHB) Drug Benefit List (Open Benefit)²

Therapeutic Note:
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MYFEMBREE PUBLIC COVERAGE INFORMATION (criteria may apply)

Select a province/territory
to access full coverage details

LEGEND

On provincial formulary

MYFEMBREE is listed on the Régie de l'assurance maladie du Québec (RAMQ) list of medications (Exceptional Medication)⁷

MYFEMBREE is indicated in premenopausal women for the management of heavy menstrual bleeding associated with uterine fibroids and moderate-to-severe pain associated with endometriosis.¹

Coverage Criteria:

For the treatment of menorrhagia associated with uterine fibroids.

RAMQ is the official mark of the Régie de l'assurance maladie du Québec.

See details

MYFEMBREE is indicated in premenopausal women for the management of heavy menstrual bleeding associated with uterine fibroids and moderate-to-severe pain associated with endometriosis.¹

Please consult the [Product Monograph](#) for contraindications, warnings, precautions, adverse reactions, interactions, dosing, and conditions of clinical use. The Product Monograph is also available by calling 1-844-483-5636 or by contacting MedInfo at medinfo@knighttx.com.

Non-Insured Health Benefits Program (NIHB)
Drug Benefit List (Open Benefit)²

Therapeutic Note:

Use of MYFEMBREE should be limited to 24 months due to the risk of continued bone loss which may not be reversible.

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MYFEMBREE PUBLIC COVERAGE INFORMATION (criteria may apply)

Select a province/territory
to access full coverage details

LEGEND

On provincial formulary

MYFEMBREE is listed on the Nova Scotia Pharmacare program (Family Pharmacare, including community services pharmacare and under 65 long-term care pharmacare)⁸

See details

BC

AB

SK

NU

MB

ON

QC

NB

PE

NS

NL

MYFEMBREE is indicated in premenopausal women for the management of heavy menstrual bleeding associated with uterine fibroids and moderate-to-severe pain associated with endometriosis.¹

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Non-Insured Health Benefits Program (NIHB) Drug Benefit List (Open Benefit)²

Therapeutic Note:

Use of MYFEMBREE should be limited to 24 months due to the risk of continued bone loss which may not be reversible.

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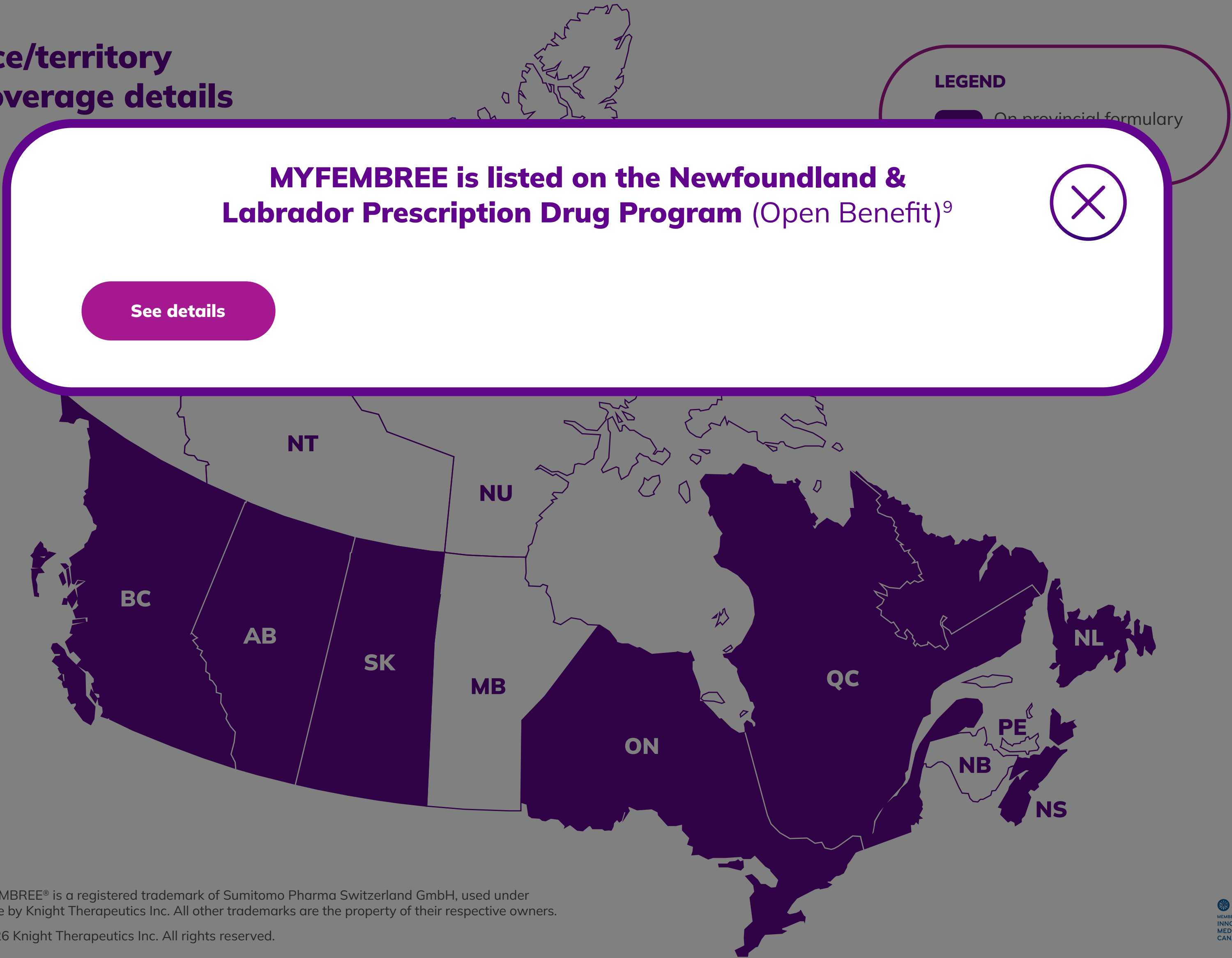
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MYFEMBREE PUBLIC COVERAGE INFORMATION (criteria may apply)

Select a province/territory
to access full coverage details



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Non-Insured Health Benefits Program (NIHB) Drug Benefit List (Open Benefit)²

Therapeutic Note:
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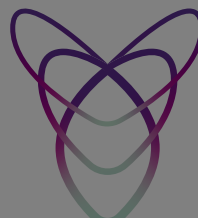
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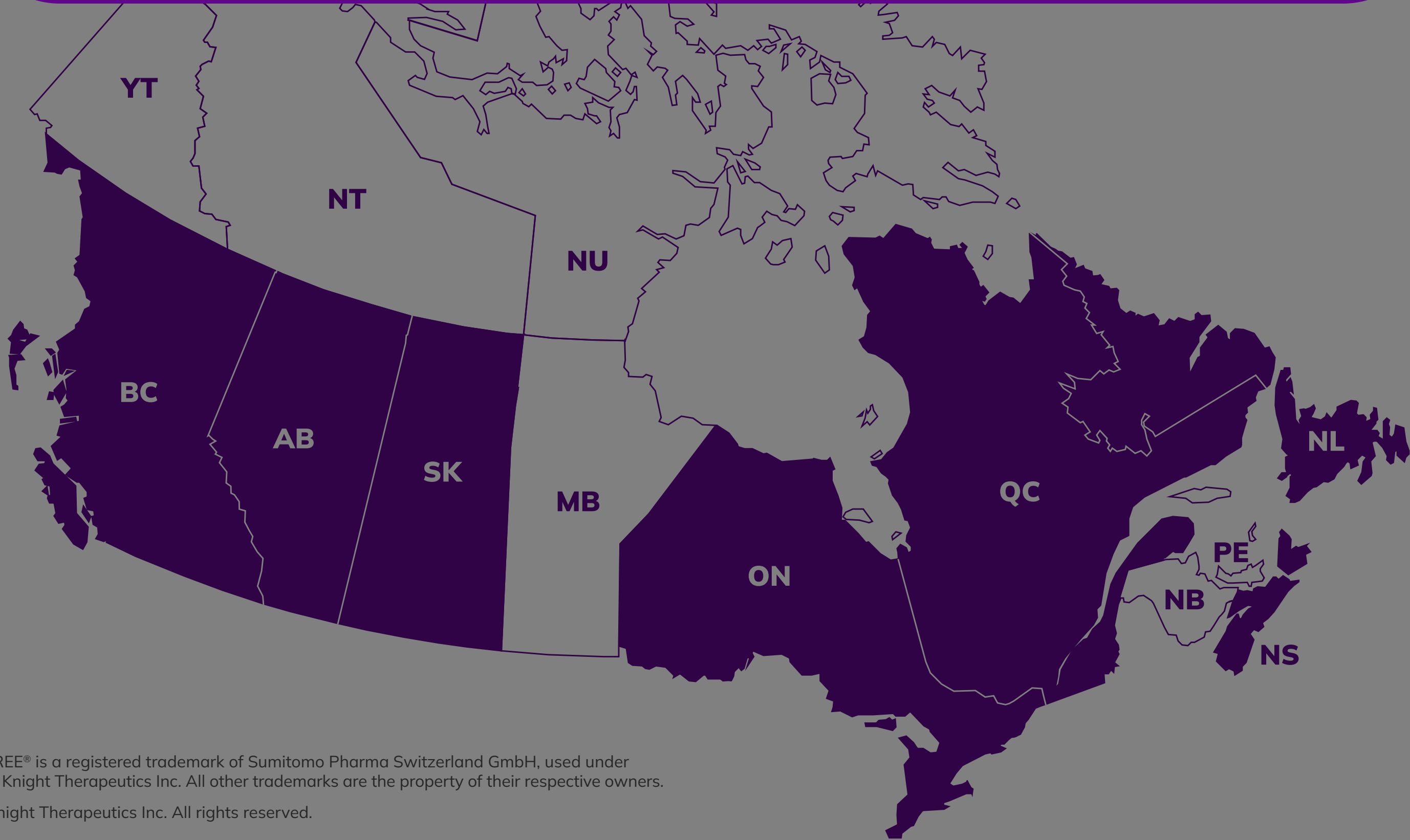
MYFEMBREE PUBLIC COVERAGE INFORMATION (criteria may apply)

Select a province/territory
to access full coverage details

Coverage for Manitoba is not available.

LEGEND

On provincial formulary



MYFEMBREE is indicated in premenopausal women for the management of heavy menstrual bleeding associated with uterine fibroids and moderate-to-severe pain associated with endometriosis.¹

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**Non-Insured Health Benefits Program (NIHB)
Drug Benefit List** (Open Benefit)²

Therapeutic Note:
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[See details](#)

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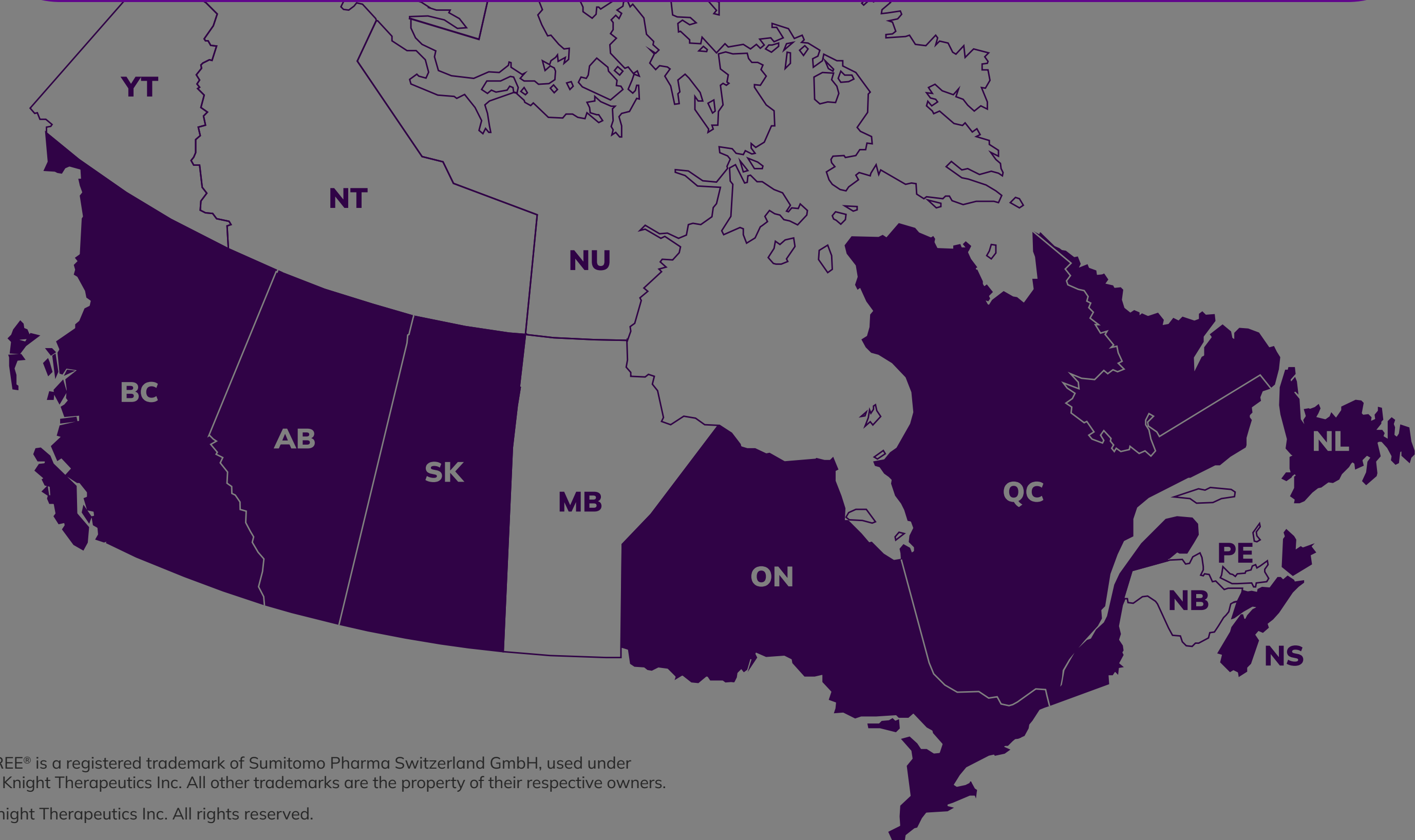
MYFEMBREE PUBLIC COVERAGE INFORMATION (criteria may apply)

Select a province/territory
to access full coverage details

Coverage for New Brunswick is not available.

LEGEND

On provincial formulary



MYFEMBREE is indicated in premenopausal women for the management of heavy menstrual bleeding associated with uterine fibroids and moderate-to-severe pain associated with endometriosis.¹

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Non-Insured Health Benefits Program (NIHB)
Drug Benefit List (Open Benefit)²

Therapeutic Note:
Use of MYFEMBREE should be limited to 24 months due to the risk of continued bone loss which may not be reversible.
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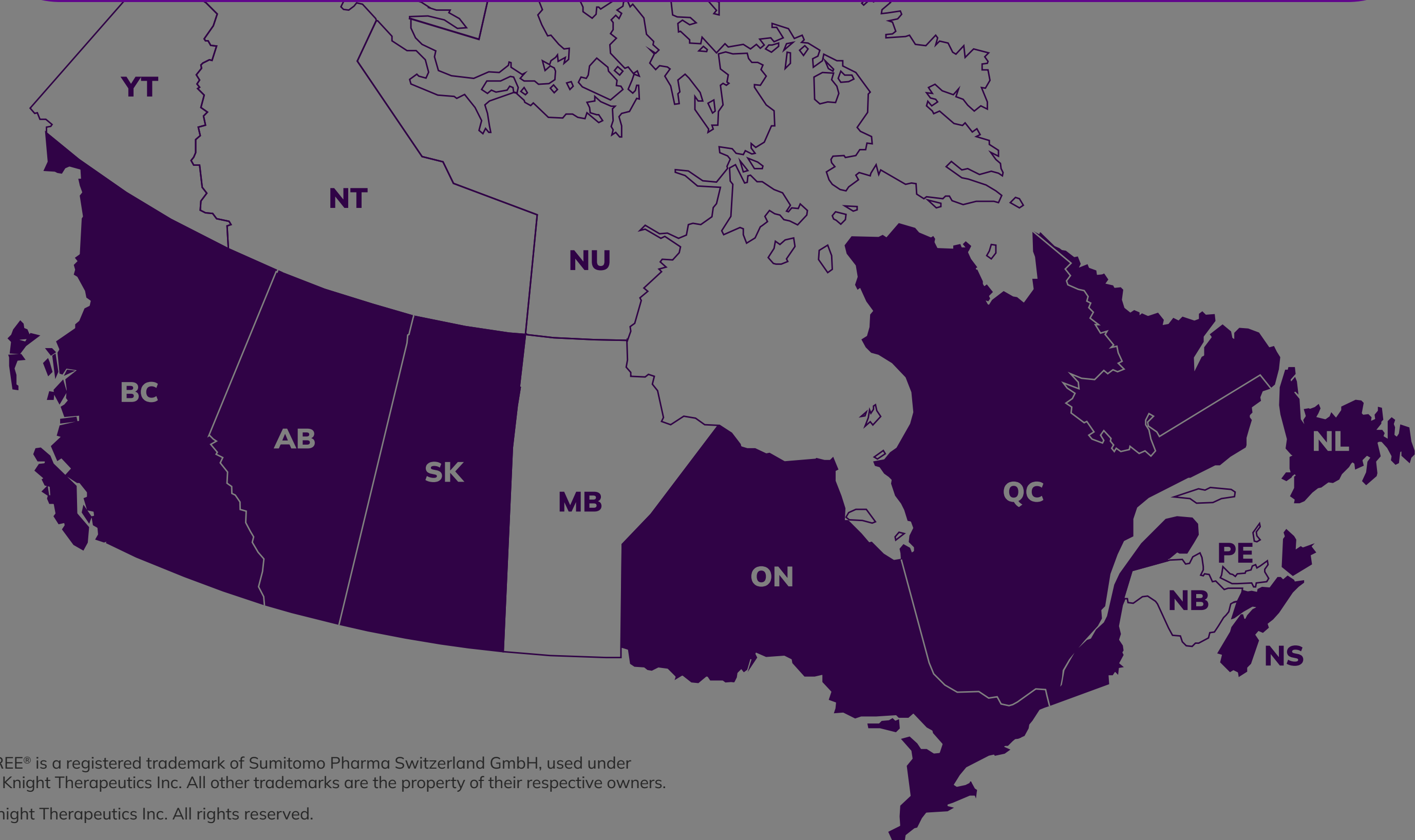
MYFEMBREE PUBLIC COVERAGE INFORMATION (criteria may apply)

Select a province/territory
to access full coverage details

Coverage for Prince Edward Island is not available.

LEGEND

On provincial formulary



MYFEMBREE is indicated in premenopausal women for the management of heavy menstrual bleeding associated with uterine fibroids and moderate-to-severe pain associated with endometriosis.¹

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**Non-Insured Health Benefits Program (NIHB)
Drug Benefit List** (Open Benefit)²

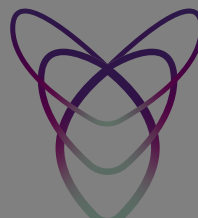
Therapeutic Note:
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[See details](#)

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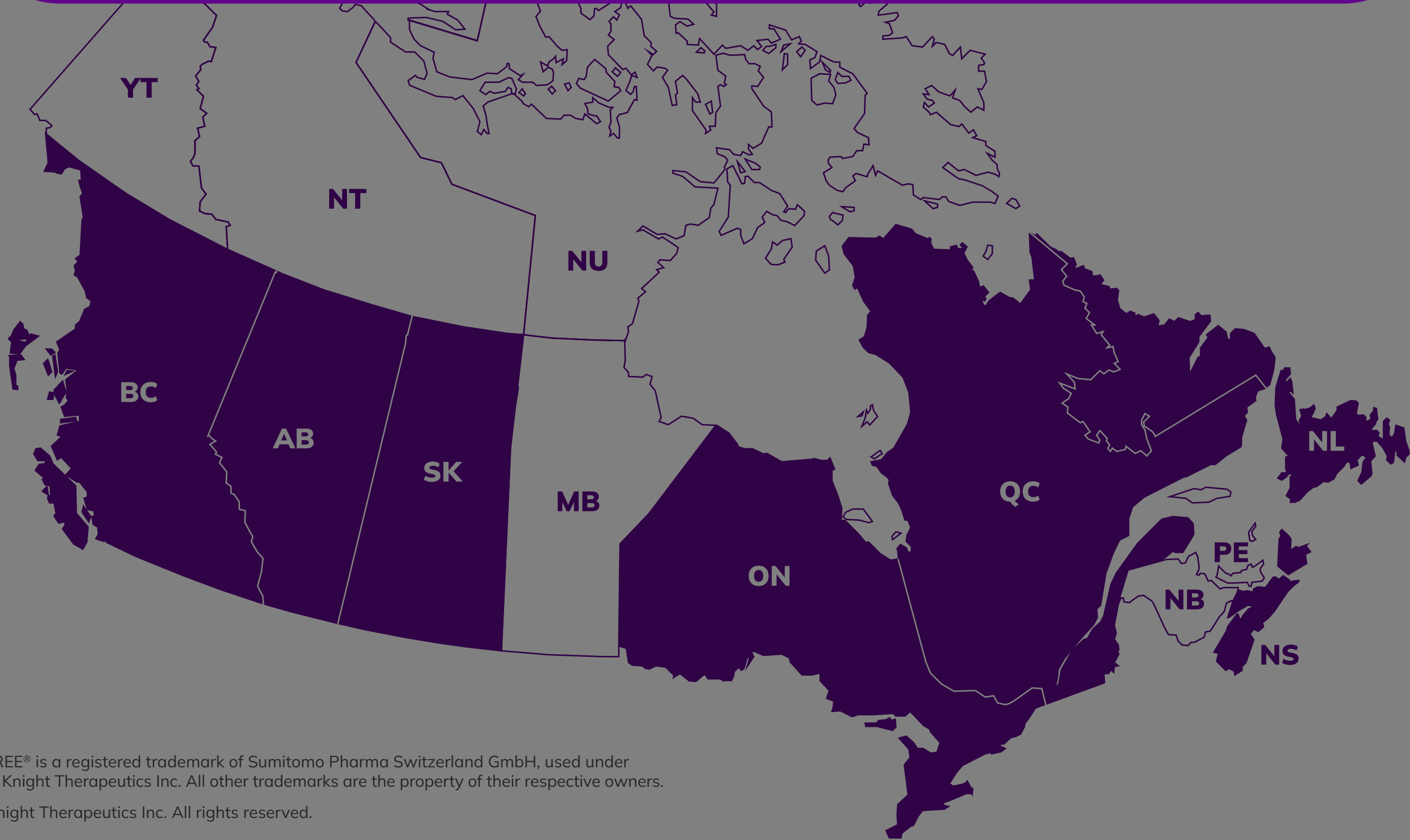
MYFEMBREE PUBLIC COVERAGE INFORMATION (criteria may apply)

Select a province/territory
to access full coverage details

Coverage for Yukon is not available.

LEGEND

On provincial formulary



MYFEMBREE is indicated in premenopausal women for the management of heavy menstrual bleeding associated with uterine fibroids and moderate-to-severe pain associated with endometriosis.¹

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Non-Insured Health Benefits Program (NIHB)
Drug Benefit List (Open Benefit)²

Therapeutic Note:
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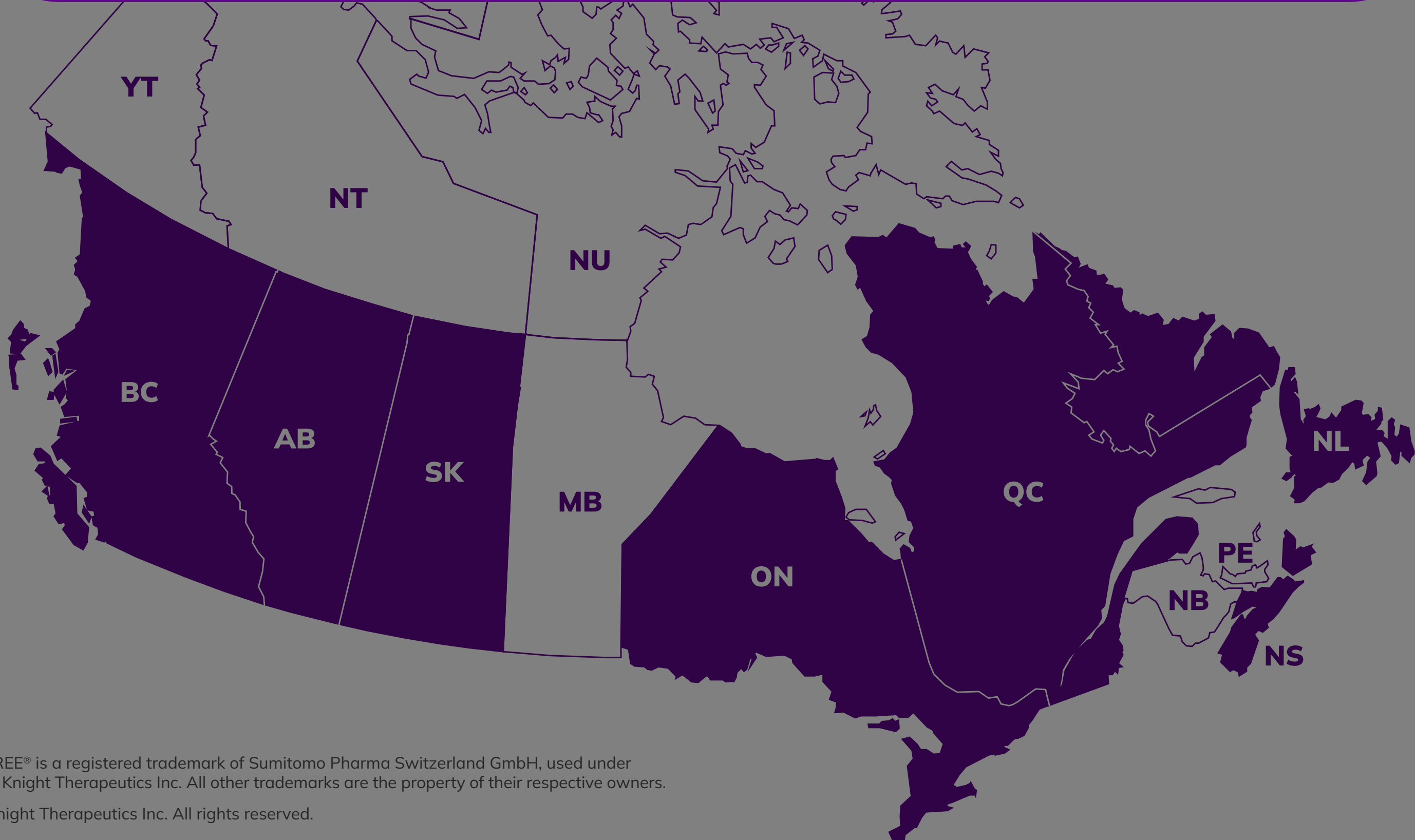
MYFEMBREE PUBLIC COVERAGE INFORMATION (criteria may apply)

Select a province/territory
to access full coverage details

Coverage for Northwest Territories is not available.

LEGEND

On provincial formulary



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**Non-Insured Health Benefits Program (NIHB)
Drug Benefit List** (Open Benefit)²

Therapeutic Note:
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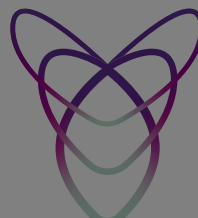
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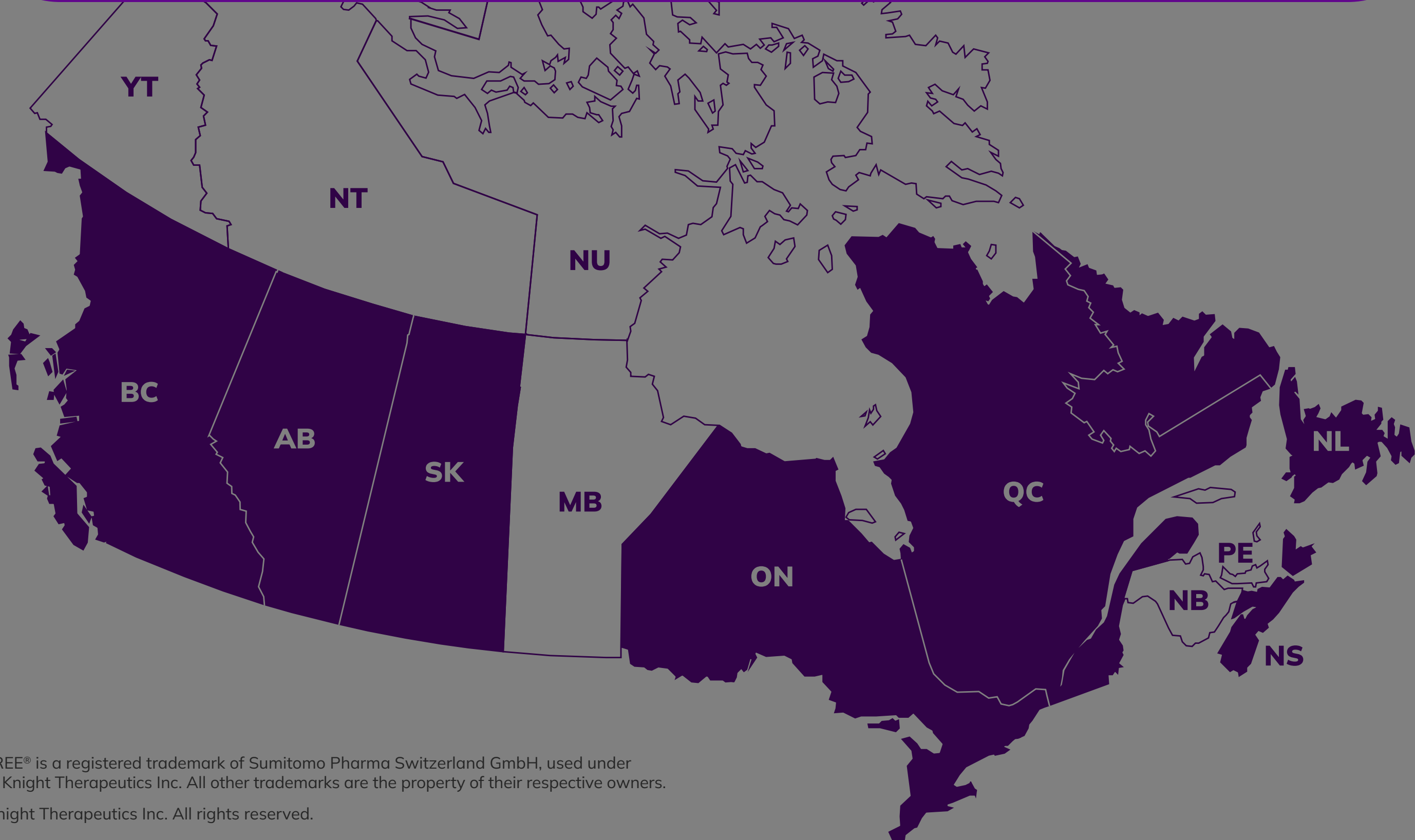
MYFEMBREE PUBLIC COVERAGE INFORMATION (criteria may apply)

Select a province/territory
to access full coverage details

Coverage for Nunavut is not available.

LEGEND

On provincial formulary



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Non-Insured Health Benefits Program (NIHB)
Drug Benefit List (Open Benefit)²

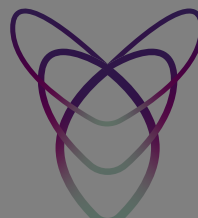
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MYFEMBREE PUBLIC COVERAGE INFORMATION (criteria may apply)

Select a province/territory
to access full coverage details

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MYFEMBREE is indicated in premenopausal women for the management of heavy menstrual bleeding associated with uterine fibroids and moderate-to-severe pain associated with endometriosis.¹

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Non-Insured Health Benefits Program (NIHB) Drug Benefit List (Open Benefit)²

Therapeutic Note:

Use of MYFEMBREE should be limited to 24 months due to the risk of continued bone loss which may not be reversible.

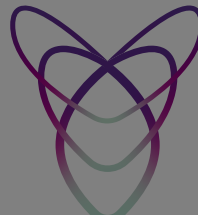
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