**Sample Letter of Medical Necessity or Medical Exception:** This template is intended to be used as a resource. Use of this template or the information in this template does not guarantee reimbursement or coverage. Please note that some payers may have specific forms that must be completed in order to document medical exception or medical necessity. You can modify the content in this letter as needed based on your medical judgment and discretion, or you can write your own letter.

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**Please see full** [**Prescribing Information**](http://myovant.com/myfembree-prescribing-information.pdf)**, including BOXED WARNING.**

**Please remove this line and all content above before saving.**

Date:

Health Plan Name:

Health Plan Contact Name:

Health Plan Mailing Address:

Patient Name:

Subscriber ID Number:

Subscriber Group Number:

Prescriber Name:

Prescriber NPI Number:

Prescriber Practice Name:

RE: Medical [Exception/Necessity] for Myfembree® (relugolix, estradiol, and norethindrone acetate)

To whom it may concern:

I am the treating physician for [patient first and last name], who has been diagnosed with [condition/disease]. I am writing to request [approval/a step therapy override/a medical exception] for Myfembree® (relugolix, estradiol, and norethindrone acetate), which [has a prior authorization/requires step therapy/is not covered/is not on formulary], as the prescribed option for my patient’s condition. Based on my practice experience and the clinical profile of Myfembree, I believe it is medically necessary for my patient when considering their clinical history:

* [duration of time patient has been overseen and treated]
* [relevant diagnostic/symptom information]
* [use of previous treatment(s) without desired clinical impact]
* [other information deemed necessary by the prescriber]

In addition, please find the following supporting information submitted along with this request:

* [relevant laboratory tests (blood tests, scans)]
* [Myfembree package insert]
* [other information deemed necessary by the prescriber]

I appreciate your time in reviewing my patient’s case and requested treatment option. If there are any questions, my office can be reached by phone at [1-XXX-XXX-XXXX] or fax at [1-XXX-XXX-XXXX].

Sincerely,

[prescriber name, title]

[medical specialty]

[signature]