



## Commercial/Healthcare Exchange PA Criteria

*Effective: February 2, 2021*

**Prior Authorization:** Orgovyx

**Products Affected:** Orgovyx (relugolix) oral tablet

**Medication Description:** Relugolix is a nonpeptide GnRH receptor antagonist that competitively binds to pituitary GnRH receptors, thereby, reducing the release of luteinizing hormone (LH) and follicle-stimulating hormone (FSH), and consequently testosterone.

**Covered Uses:** Indicated for the treatment of adult patients with advanced prostate cancer.

**Exclusion Criteria:** N/A

**Required Medical Information:**

1. Diagnosis

**Age Restriction:** 18 years of age and older

**Prescriber Restriction:** Prescribed by, or in consultation with, an oncologist.

**Coverage Duration:** 3 years

**Other Criteria:**

**Prostate Cancer**

- A. Patient has a diagnosis of advanced prostate cancer

**References:**

1. Orgovyx (relugolix) [prescribing information]. Brisbane, CA: Myovant Sciences Inc; December 2020.

**Policy Revision history**

Rev #	Type of Change	Summary of Change	Sections Affected	Date
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February 2021



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1	New Policy	New Policy	All	02/02/2021
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