



Orgovyx (relugolix)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Orgovyx (relugolix) is FDA-approved for the treatment of adult patients with advanced prostate cancer. Treatment options for prostate cancer include observation (watching without treatment), surgery radiation (using strong beams of energy), and medicines (chemotherapy that stops cancer cells from increasing, targeted therapy that kills cancer cells only, or hormone treatment that stops the body from making hormones that may help cancer cells grow). Orgovyx (relugolix) is an oral gonadotropin-releasing hormone (GnRH) receptor antagonist that works by competitively binding to pituitary GnRH receptors, thereby, reducing the release of luteinizing hormone (LH) and follicle-stimulating hormone (FSH), and consequently testosterone. Testosterone helps prostate cancer to grow until or unless cellular adaptation results in hormonal resistance.

NOTE: The Plan requires that members be unable to use, or have tried and failed preferred product(s) first. Requests for non-formulary medications are also subject to Medical Necessity Criteria for Non-Formulary Drugs (PG069).

Definitions

"Castration sensitive" refers to a type of prostate cancer that is highly responsive to medical treatment.

"Gonadotropin releasing hormone (GnRH)" refers to a neurohormone that is responsible for the production of sex hormones.

"Improvement in disease-related symptoms" refers to a positive change in symptoms associated with prostate cancer. These symptoms could include pain reduction, improvement in urinary symptoms, or overall improvement in the quality of life.

"Metastatic disease" is the spread of disease from the initial site to another part or parts of the body.

"PSA (prostate- specific antigen)" refers to a protein produced by prostate cells that is often found at higher levels in most cancerous prostate cells. An elevated PSA can be indicative of a fast-growing tumor or a cancer that is more likely to spread to other parts of the body.

"Stable disease by imaging" refers to the absence of disease progression as observed through imaging tests such as CT scans, MRI scans, or bone scans. This indicates that the cancer has not worsened since starting Orgovyx treatment.

"Testosterone" is the primary sex hormone in males that is associated with the development of reproductive tissues such as the prostate.

Medical Necessity Criteria for Initial Authorization

The Plan considers Orgovyx (relugolix) medically necessary when ALL of the following criteria are met:

1. The member is 18 years of age or older; *AND*
2. The member has a diagnosis of androgen-sensitive advanced prostate cancer with ONE (1) of the following:
 - a. Evidence of biochemical (PSA) or clinical relapse following local primary intervention with curative intent (such as surgery, radiation therapy, cryotherapy, or high-frequency ultrasound); *or*
 - b. Newly diagnosed androgen-sensitive metastatic disease; *or*
 - c. Advanced localized disease not suitable for local primary surgical intervention with curative intent; *AND*
3. The member meets ONE (1) of the following:
 - a. Orgovyx (relugolix) is being used to treat stage IV advanced, metastatic cancer [based upon applicable state regulations]; *or*
 - b. The member is unable to use, or has tried and failed leuprolide injection; *or*
 - c. The member has established cardiovascular disease (e.g., history of myocardial ischemia, coronary artery disease, myocardial infarction, cerebrovascular accident, angina pectoris, or coronary artery bypass) OR multiple cardiovascular risk factors (2 or more); *AND*
4. Chart documentation and supporting laboratory test results are provided for review to substantiate the above listed requirements.

If the above prior authorization criteria are met, Orgovyx (relugolix) will be approved for up to 6 months.

Medical Necessity Criteria for Reauthorization

Reauthorization for up to 12 months will be granted if recent chart documentation (within the last 6 months) shows ONE (1) of the following since starting Orgovyx (relugolix):

1. The member has achieved and maintained serum testosterone suppression to castrate levels, defined as serum total testosterone concentration <50 ng/dL; *OR*
2. The member has demonstrated a clinically significant response to Orgovyx (relugolix) therapy as evidenced by ANY ONE (1) of the following:
 - a. ≥50% PSA decline from baseline; *and/or*
 - b. Improvement in disease-related symptoms (e.g., documented reduction in pain, improved urinary function, or enhanced quality of life scores); *and/or*
 - c. Stable disease by imaging (no new lesions or progression of existing lesions on bone scan, CT, or MRI); *and/or*
 - d. Reduction in size of measurable tumor lesions; *and/or*
 - e. No initiation of new anti-cancer therapy; *and/or*
 - f. Physician documentation of clinical benefit.

Experimental or Investigational / Not Medically Necessary

Orgovyx (relugolix) for any other indication is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven.

References

1. American Urological Association Guidelines 2020: Advanced Prostate Cancer. Available at: <https://www.urotoday.com/conference-highlights/aua-2020/aua-2020-prostate-cancer/122475-aua-guidelines-2020-advanced-prostate-cancer.html>. Accessed 23 Feb 2021.
2. De La Cerda J, Belkoff L, Courtney KD, et al. Safety and Tolerability of Relugolix in Combination with Abiraterone or Apalutamide for Treatment of Patients with Advanced Prostate Cancer: Data from a 52-Week Clinical Trial. *Target Oncol*. 2025 May;20(3):503-517. doi: 10.1007/s11523-025-01139-3. Epub 2025 Apr 4.
3. GA HB965 | 2023-2024 | Regular Session. Legiscan, <https://legiscan.com/GA/research/HB965/2023>. Accessed September 16, 2025
4. George DJ, Saad F, Cookson MS, et al. Impact of Concomitant Prostate Cancer Medications on Efficacy and Safety of Relugolix Versus Leuprolide in Men With Advanced Prostate Cancer. *Clin Genitourin Cancer*. 2023 Jun;21(3):383-392.e2. doi: 10.1016/j.clgc.2023.03.009. Epub 2023 Mar 24. Erratum in: *Clin Genitourin Cancer*. 2024 Apr;22(2):367. doi: 10.1016/j.clgc.2023.12.006.
5. IL HB4821 | 2023-2024 | 103rd General Assembly. Legiscan, <https://legiscan.com/IL/bill/HB4821/2023>. Accessed September 16, 2025.

6. Lee RJ, Smith ML. Initial systemic therapy for advanced, recurrent, and metastatic no cast rate (castration-sensitive) prostate cancer. Accessed at www.UpToDate.com. Updated 31 Jan 2022. Accessed 10 February 2022.
7. Levine GN, D'Amico AV, Berger P, et al; American Heart Association Council on Clinical Cardiology and Council on Epidemiology and Prevention, the American Cancer Society, and the American Urological Association. Androgen-deprivation therapy in prostate cancer and cardiovascular risk. A science advisory from the American Heart Association, American Cancer Society, and American Urological Association: endorsed by the American Society for Radiation Oncology. *Circulation*. 2010;121(6):833-840. doi:10.1161/CIRCULATIONAHA.109.192695[PubMed 20124128]
8. Lowrance W, Dreicer R, Jarrard DF, Scarpato KR, Kim SK, Kirkby E, Buckley DI, Griffin JC, Cookson MS. Updates to Advanced Prostate Cancer: AUA/SUO Guideline (2023). *J Urol*. 2023 Jun;209(6):1082-1090. doi: 10.1097/JU.0000000000003452. Epub 2023 Apr 25. PMID: 37096583.
9. Lowrance WT et al: Advanced prostate cancer: AUA/ASTRO/SUO guideline part II. *J Urol*. 205(1):22-9, 2021
10. Lyon AR, López-Fernández T, Couch LS, et al; ESC Scientific Document Group. 2022 ESC guidelines on cardio-oncology developed in collaboration with the European Hematology Association (EHA), the European Society for Therapeutic Radiology and Oncology (ESTRO) and the International Cardio-Oncology Society (IC-OS). *Eur Heart J*. 2022;43(41):4229-4361. doi:10.1093/eurheartj/ehac244[PubMed 36017568]
11. Merriam-Webster.com Dictionary. Merriam-Webster. Available at: <https://www.merriam-webster.com/dictionary>. Accessed 23 Feb 2021.
12. National Comprehensive Cancer Network: NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Prostate Cancer. Version 1.2025. NCCN website. Updated December 4, 2024. Accessed December 2024. <https://www.nccn.org/>
13. National Comprehensive Cancer Network: NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Prostate Cancer. Version 1.2023. NCCN website. Updated September 16, 2022. Accessed November 2022. <https://www.nccn.org/>
14. National Comprehensive Cancer Network. (2022). Prostate cancer (version 3.2022). Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/prostate_blocks.pdf. Accessed 10 Feb 2022.
15. National Comprehensive Cancer Network. (2025). Prostate cancer (version 2.2026). Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf. Accessed 16 September 2025.
16. OH SB252 | 2019-2020 | 133rd General Assembly. Legiscan, <https://legiscan.com/OH/bill/SB252/2019>. Accessed September 16, 2025.
17. OK HB2748 | 2024 | Regular Session | Amended. Legiscan, <https://legiscan.com/OK/text/HB2748/id/2859202>. Accessed September 16, 2025.
18. Orgovyx (relugolix) [prescribing information]. Brisbane, CA: Myovant Sciences Inc; October 2024.
19. PA HB427 | 2019-2020 | Regular Session | Amended. Legiscan, <https://legiscan.com/PA/text/HB427/id/2069919>. Accessed September 16, 2025.
20. Sari Motlagh R, Abufaraj M, Mori K, et al. The Efficacy and Safety of Relugolix Compared with Degarelix in Advanced Prostate Cancer Patients: A Network Meta-analysis of Randomized Trials. *Eur Urol Oncol*. 2022 Apr;5(2):138-145. doi: 10.1016/j.euo.2021.07.002. Epub 2021 Jul 21.
21. Shore ND, Mehlhaff BA, Cookson MS, et al. Impact of Concomitant Cardiovascular Therapies on Efficacy and Safety of Relugolix vs Leuprolide: Subgroup Analysis from HERO Study in Advanced

- Prostate Cancer. Adv Ther. 2023 Nov;40(11):4919-4927. doi: 10.1007/s12325-023-02634-7. Epub 2023 Sep 15.
22. Shore ND, Saad F, Cookson MS, et al. Oral Relugolix for Androgen-Deprivation Therapy in Advanced Prostate Cancer. The New England Journal of Medicine. (2020): 2187-2196. doi:10.1056/NEJMoa2004325
 23. Spratt DE, George DJ, Shore ND, et al. Efficacy and Safety of Radiotherapy Plus Relugolix in Men With Localized or Advanced Prostate Cancer. JAMA Oncol. 2024 May 1;10(5):594-602. doi: 10.1001/jamaoncol.2023.7279.
 24. Tombal B, Collins S, Morgans AK, et al. Impact of Relugolix Versus Leuprolide on the Quality of Life of Men with Advanced Prostate Cancer: Results from the Phase 3 HERO Study. Eur Urol. 2023 Dec;84(6):579-587. doi: 10.1016/j.eururo.2023.09.007. Epub 2023 Oct 11.
 25. Tutrone R, Saad F, George DJ, et al. Testosterone Recovery for Relugolix Versus Leuprolide in Men with Advanced Prostate Cancer: Results from the Phase 3 HERO Study. Eur Urol Oncol. 2024 Aug;7(4):906-913. doi: 10.1016/j.euo.2023.11.024. Epub 2023 Dec 23.
 26. TX HB1584 | 2019-2020 | 86th Legislature. Legiscan, <https://legiscan.com/TX/bill/HB1584/2019>. Accessed September 16, 2025.
 27. Virgo KS, Rumble RB, de Wit R, et al. Initial Management of Noncastrate Advanced, Recurrent, or Metastatic Prostate Cancer: ASCO Guideline Update. J Clin Oncol 2021; 39:1274.

Clinical Guideline Revision / History Information

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