

Federal Employee Program.

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## 5.21.166

Section: Prescription Drugs Effective Date: October 1, 2025

Subsection: Antineoplastic Drugs Original Policy Date: January 29, 2021

Subject: Orgovyx Page: 1 of 4

Last Review Date: September 19, 2025

### Orgovyx

### **Description**

### Orgovyx (relugolix)

#### Background

Orgovyx (relugolix) is a gonadotropin-releasing hormone (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 (1).

### **Regulatory Status**

FDA-approved indication: Orgovyx is a gonadotropin-releasing hormone (GnRH) receptor antagonist indicated for the treatment of adult patients with advanced prostate cancer (1).

Androgen deprivation therapy, such as Orgovyx may prolong the QT/QTc interval. Providers should consider whether the benefits of androgen deprivation therapy outweigh the potential risks in patients with congenital long QT syndrome, congestive heart failure, or frequent electrolyte abnormalities and in patients taking drugs known to prolong the QT interval. Electrolyte abnormalities should be corrected. Consider periodic monitoring of electrocardiograms and electrolytes (1).

Orgovyx can cause fetal harm. Male patients with female partners of reproductive potential should be advised to use effective contraception during treatment and for 2 weeks after the last dose of Orgovyx (1).

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The safety and effectiveness of Orgovyx in pediatric and female patients have not been established (1).

### **Related policies**

Erleada, Nilandron, Nubeqa, Yonsa, Xtandi, Zytiga

### **Policy**

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Orgovyx may be considered **medically necessary** if the conditions indicated below are met.

Orgovyx may be considered **investigational** for all other indications.

### **Prior-Approval Requirements**

Age 18 years of age

**Gender** Male

### **Diagnosis**

Patient must have the following:

Advanced prostate cancer

### **AND ALL** of the following:

- 1. Prescriber agrees to monitor for QTc prolongation periodically
- 2. Patients with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Orgovyx and for 2 weeks after the final dose

### Prior-Approval Renewal Requirements

Same as above

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### **Policy Guidelines**

### Pre-PA Allowance

None

### **Prior-Approval Limits**

**Quantity** Loading dose + 90 tablets per 90 days

**Duration** 12 months

### Prior-Approval Renewal Limits

**Quantity** 90 tablets per 90 days

**Duration** 12 months

#### Rationale

#### Summary

Orgovyx (relugolix) is a gonadotropin-releasing hormone (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 (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Orgovyx while maintaining optimal therapeutic outcomes.

### References

- 1. Orgovyx [package insert]. Marlborough, MA: Sumitomo Pharma America, Inc.; October 2024.
- 2. NCCN Drugs & Biologics Compendium<sup>®</sup> Relugolix 2025. National Comprehensive Cancer Network, Inc. Accessed on July 30, 2025.

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Policy History	
Date	Action
January 2021	Addition to PA
March 2021	Annual editorial review
September 2021	Annual review and reference update
September 2022	Annual review and reference update
September 2023	Annual review and reference update
September 2024	Annual review and reference update
September 2025	Annual review and reference update
Keywords	

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 19, 2025 and is effective on October 1, 2025.