



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

RELUGOLIX

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
RELUGOLIX	ORGOVYX	47035		GPI-10 (2140557000)	

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of advanced prostate cancer **AND** meet the following criterion?
  - The patient is 18 years of age or older

If yes, **approve for a total of 12 months as follows:**

**FOR INITIAL REQUESTS:**

- **FIRST APPROVAL:** Approve for 1 month by HICL or GPI-10 with a quantity limit of #30 per 28 days.
- **SECOND APPROVAL:** Approve for 11 months by HICL or GPI-10 with a quantity limit of #1 per day (Please enter a start date of 3 WEEKS AFTER the START date of the first approval).

**FOR SUBSEQUENT/MAINTENANCE REQUESTS:**

- Approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.

If no, do not approve.

**DENIAL TEXT:** \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **RELUGOLIX (Orgovyx)** requires the following rule(s) be met for approval:

- A. You have advanced prostate cancer
- B. You are 18 years of age or older

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Orgovyx.

**REFERENCES**

- Orgovyx [Prescribing Information]. Brisbane, CA: Myovant Sciences, Inc.; December 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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