

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Relugolix (Orgovyx)

#### Notes:

- Quantity Limits: Yes
- \* Intolerance excludes hot flashes and local injection site reactions.

**Initiation (new start) criteria:** Non-formulary **relugolix (Orgovyx)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Diagnosis of prostate cancer, advanced or metastatic
- Age 18 years or older
- Normal QT interval on electrocardiogram
- Not used in combination with potent androgen receptor inhibitors (e.g., abiraterone, enzalutamide, apalutamide, darolutamide) or in combination with docetaxel or cabazitaxel
- Documented treatment failure after an adequate trial of leuprolide or intolerance\* to leuprolide. Leuprolide trial must include trying the 1-month depot and a multiple month depot (e.g., 3-month, 4-month, or 6-month).
- Documented treatment failure after an adequate trial of degarelix or intolerance\* to degarelix
- Prescribed by Urology or Oncology

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **relugolix (Orgovyx)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Diagnosis of prostate cancer, advanced or metastatic
- Age 18 years or older
- Normal QT interval on electrocardiogram
- Not used in combination with potent androgen receptor inhibitors (e.g., abiraterone, enzalutamide, apalutamide, darolutamide) or in combination with docetaxel or cabazitaxel
- Documented treatment failure after an adequate trial of leuprolide or intolerance\* to leuprolide. Leuprolide trial must include a trial of the 1-month depot and a multiple month depot (e.g., 3-month, 4-month, or 6-month).
- Documented treatment failure after an adequate trial of degarelix or intolerance\* to degarelix
- Prescribed by Urology or Oncology

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Revised: 10/14/21  
Effective: 12/16/21

All plans offered and underwritten by  
Kaiser Foundation Health Plan of the Northwest