Ganirelix Acetate is a gonadotropin releasing hormone antagonist which competitively blocks the gonadotropin-release hormone receptors on the pituitary gonadotroph and transduction pathway. This suppresses gonadotropin secretion and luteinizing hormone secretion preventing ovulation until the follicles are of adequate size.

**Pre-Authorization Criteria:** Ganirelix is used to inhibit premature luteinizing hormone (LH) surges in non-pregnant women without primary ovarian failure who will undergo controlled ovarian hyper-stimulation.

**NOTE:** must be prescribed by an infertility specialist.

**Dosing: Adult:**
Adjunct to controlled ovarian hyperstimulation: SubQ: 250 mcg/day during the mid-to-late phase after initiating follicle-stimulating hormone on day 2 or 3 of cycle. Treatment should be continued daily until the day of chorionic gonadotropin administration.

**Dosing: Pediatric:**
Pediatric dosing is currently unavailable or not applicable for this drug.

**Dosing: Geriatric:**
Refer to adult dosing.

**Dosing: Renal Impairment:**
No dosage adjustment provided in manufacturer’s labeling (has not been studied).

**Dosing: Hepatic Impairment:**
No dosage adjustment provided in manufacturer’s labeling (has not been studied).

**Dosage Forms: U.S.:**
Excipient information presented when available (limited, particularly for generics); consult specific product labeling.
Solution, Subcutaneous, as acetate:
Generic: 250 mcg/0.5 mL (0.5 mL)

**Generic Equivalent Available:** U.S.-Yes

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**GANIRELIX ACETATE (Orgalutran)**

Effective Date: 1/28/14

Date Developed: 1.28.14 by Catherine Sanders, MD

Last Approval Date: 1.26.16, 1.24.17
**Administration:**
Administer SubQ in abdomen (around upper navel) or upper thigh; rotate injection site.

Hazardous agent; use appropriate precautions for handling and disposal (NIOSH, 2012).

**Adverse Reactions:**
Anaphylactoid reaction, fetal harm or death, ovarian hyperstimulation syndrome, abdominal pain, nausea, pelvic pain, vaginal bleeding, loac injection site reaction, headache, neutrophils increased.

**References:**

**REVISION HISTORY:**

Date Reviewed/No Updates: 01.13.15 by C. Sanders, MD
Date Approved by P&T Committee: 01.27.15
Date Reviewed/Updated: 03.24.15 by C. Sanders, MD; R. Sterling, MD
Date Approved by P&T Committee: 01.26.16
Date Reviewed/No Updates: 01.24.17 by C. Sanders, MD; R. Sterling, MD
Date Approved by P&T Committee: 01.24.17

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Content Revised (Yes/No)</th>
<th>Contributors</th>
<th>Review/Revision Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/24/17</td>
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<td>Catherine Sanders, MD; Robert Sterling, MD</td>
<td>Annual review</td>
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</tbody>
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