This policy applies to the following:

	Standard Control (SF)		**Managed Medicaid Template (MMT)**		**ACSF Chart (ACSFC)**		**Medical Benefit**	✓	**Medicare Part B**
	Preferred Drug Plan Design (PDPD)		**Marketplace (MF)**		**SF Chart (SFC)**		**Medical Benefit: Biosimilars First**	✓	**Medicare Part B: Advanced Biosimilars First**
	Advanced Control Specialty (ACSF)		**New to Market (NTM)**		**VF Chart (VFC)**		**Medical Benefit: Add-on**		
	Value (VF)		**Aetna Health Exchange (AHE)**				**Medical Benefit: Managed Medicaid**		
			IVL						

Reference #
4257-D

EXCEPTIONS CRITERIA

GONADOTROPIN RELEASING HORMONE AGONISTS

PREFERRED PRODUCT: ELIGARD

POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to the gonadotropin releasing hormone agonist products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with a targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Gonadotropin releasing hormone agonists

	Product(s)
Preferred*	• **Eligard** (leuprolide acetate)
Targeted	• **Camcevi** (leuprolide mesylate) • **Lupron Depot** (leuprolide acetate for depot suspension) • **Trelstar** (triptorelin) • **Zoladex** (goserelin acetate)

*: Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

II. EXCEPTION CRITERIA

This program applies to members requesting treatment for prostate cancer.

Coverage for a targeted product is provided when either of the following criteria is met:

A. Member has received treatment with a targeted product in the past 365 days.
B. Member has a documented hypersensitivity to the preferred product.

REFERENCES

1. Camcevi [package insert]. Durham, NC: Accord BioPharma Inc.; May 2021.
2. Eligard [package insert]. Fort Collins, CO: Tolmar Pharmaceuticals, Inc.; January 2024.

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This policy applies to the following:

	Standard Control (SF)		Managed Medicaid Template (MMT)		ACSF Chart (ACSFC)		Medical Benefit	✓	Medicare Part B
	Preferred Drug Plan Design (PDPD)		Marketplace (MF)		SF Chart (SFC)		Medical Benefit: Biosimilars First	✓	Medicare Part B: Advanced Biosimilars First
	Advanced Control Specialty (ACSF)		New to Market (NTM)		VF Chart (VFC)		Medical Benefit: Add-on		
	Value (VF)		Aetna Health Exchange (AHE)				Medical Benefit: Managed Medicaid		
			IVL						

Reference #
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3. Lupron Depot [package insert]. North Chicago, IL: AbbVie Inc.; December 2023.
4. Trelstar [package insert]. Ewing, NJ: Verity Pharmaceuticals, Inc.; November 2023.
5. Zoladex [package insert]. Deerfield, IL: TerSera Therapeutics LLC; December 2020.

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