

This policy applies to the following:

Standard Control (SF)	Managed Medicaid Template (MMT)	ACSF Chart (ACSFC)	✓	Medical Benefit	Medicare Part B	Reference # 4258-D
Preferred Drug Plan Design (PDPD)	Marketplace (MF)	SF Chart (SFC)		Medical Benefit: Biosimilars First	Medicare Part B: Biosimilars First	
Advanced Control Specialty (ACSF)	New to Market (NTM)	VF Chart (VFC)		Medical Benefit: Add-on	Medicare Part B: Advanced Biosimilars First	
Value (VF)	Aetna Health Exchange (AHE)			Medical Benefit: Managed Medicaid	Medicare Part B: Add-on	
	IVL					

## 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 all members requesting treatment with Camcevi and Lupron Depot. This program also applies to members who are new to treatment with Firmagon, Trelstar, or Zoladex 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)
<b>Preferred*</b>	<ul style="list-style-type: none"> <li>• <b>Eligard</b> (leuprolide acetate)</li> </ul>
<b>Targeted</b>	<ul style="list-style-type: none"> <li>• <b>Camcevi</b> (leuprolide mesylate)</li> <li>• <b>Firmagon</b> (degarelix)</li> <li>• <b>Lupron Depot</b> (leuprolide acetate for depot suspension)</li> <li>• <b>Trelstar</b> (triptorelin)</li> <li>• <b>Zoladex</b> (goserelin acetate)</li> </ul>

\*: 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.

##### A. Firmagon, Trelstar, and Zoladex

Coverage for the Firmagon, Trelstar, and Zoladex is provided when any of the following criteria is met:

1. Member is currently receiving treatment with the requested targeted product, excluding when the requested targeted product is obtained as samples or via manufacturer's patient assistance programs.
2. Member has a documented hypersensitivity to the preferred product.

**This policy applies to the following:**

	Standard Control (SF)	Managed Medicaid Template (MMT)	ACSF Chart (ACSFC)	✓	Medical Benefit	Medicare Part B	Reference #
	Preferred Drug Plan Design (PDPD)	Marketplace (MF)	SF Chart (SFC)		Medical Benefit: Biosimilars First	Medicare Part B: Biosimilars First	4258-D
	Advanced Control Specialty (ACSF)	New to Market (NTM)	VF Chart (VFC)		Medical Benefit: Add-on	Medicare Part B: Advanced Biosimilars First	
	Value (VF)	Aetna Health Exchange (AHE)			Medical Benefit: Managed Medicaid	Medicare Part B: Add-on	
		IVL					

**B. Camcevi and Lupron Depot**

Coverage for Camcevi and Lupron Depot is provided when the member has a documented hypersensitivity to the preferred product.

**REFERENCES**

1. Eligard [package insert]. Fort Collins, CO: Tolmar Pharmaceuticals, Inc.; April 2019.
2. Camcevi [package insert]. Durham, NC: Accord BioPharma Inc.; May 2021.
3. Firmagon [package insert]. Parsippany, NJ: Ferring Pharmaceuticals, Inc.; February 2020.
4. Lupron Depot [package insert]. North Chicago, IL: AbbVie Inc.; April 2022.
5. Trelstar [package insert]. Ewing, NJ: Verity Pharmaceuticals Inc.; December 2021.
6. Zoladex [package insert]. Deerfield, IL: TerSera Therapeutics LLC; December 2020.