

This document applies to the following:

Formulary	Applies
Standard Control (SF)	<input type="checkbox"/>
Standard Control – Choice (SCCF)	<input type="checkbox"/>
Preferred Drug Plan Design (PDPD)	<input type="checkbox"/>
Advanced Control Specialty (ACSF)	<input type="checkbox"/>
Advanced Control Specialty – Choice (ACSCF)	<input type="checkbox"/>
Managed Medicaid Template (MMT)	<input type="checkbox"/>
Marketplace (MF)	<input checked="" type="checkbox"/>
Aetna Small Group Affordable Care Act (SG ACA)	<input checked="" type="checkbox"/>
Aetna Health Exchange (AHE)	<input checked="" type="checkbox"/>
Aetna Individual Lives (IVL)	<input checked="" type="checkbox"/>
Value (VF)	<input type="checkbox"/>

Formulary	Applies
New to Market (NTM)	<input type="checkbox"/>
Standard Formulary Chart (SFC)	<input type="checkbox"/>
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	<input type="checkbox"/>
Advanced Control Specialty Formulary Chart (ACSFC)	<input type="checkbox"/>
Value Formulary Chart (VFC)	<input type="checkbox"/>
Medical Benefit	<input type="checkbox"/>
Medical Benefit: Advanced Biosimilars First	<input type="checkbox"/>
Medical Benefit: Managed Medicaid (MMMB)	<input type="checkbox"/>
Medicare Part B	<input type="checkbox"/>
Medicare Part B: Advanced Biosimilars First	<input type="checkbox"/>

Exceptions Criteria

Gonadotropin Releasing Hormone Agonists

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

These criteria were developed to align with the following: Marketplace Formulary (MF), Small Group Affordable Care Act (ACA) Aetna Health Exchange (AHE), and Aetna Individual Lives (IVL) Formulary.

Plan Design Summary

This program applies to the gonadotropin releasing hormone agonist products specified in this document. 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 a targeted product.

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

Table. Gonadotropin releasing hormone agonists

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

	Products
Preferred	<ul style="list-style-type: none"> Eligard (leuprolide acetate)
Target	<ul style="list-style-type: none"> Camcevi (leuprolide mesylate) Lupron Depot (leuprolide acetate for depot suspension)

Exception Criteria

This program applies to members requesting treatment for prostate cancer.

Coverage for a targeted product is provided when the member has a documented hypersensitivity to any of the components of Eligard.

References

1. Eligard [package insert]. Fort Collins, CO: Tolmar Pharmaceuticals, Inc.; May 2024.
2. Lupron Depot [package insert]. North Chicago, IL: AbbVie Inc.; March 2024.
3. Camcevi [package insert]. Durham, NC: Accord BioPharma Inc.; May 2021.