

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 type="checkbox"/>
Aetna Small Group Affordable Care Act (SG ACA)	<input type="checkbox"/>
Aetna Health Exchange (AHE)	<input type="checkbox"/>
Value (VF)	<input type="checkbox"/>

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

Exceptions Criteria

Gonadotropin Releasing Hormone (GnRH) Products

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: Standard Formulary Chart (SFC) and Advanced Control Specialty Formulary Chart (ACSFC).

Plan Design Summary

This program applies to the gonadotropin releasing hormone products specified in this document. Coverage for the 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 for prostate cancer. This program applies to members who are new to treatment with Orgovyx, Trelstar, and Zoladex for the first time for prostate cancer. This program also applies to all members requesting Zoladex for uterine disorders.

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

Table 1. Gonadotropin Releasing Hormone Products/Prostate Cancer

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) • Firmagon (degarelix)
Target	<ul style="list-style-type: none"> • Camcevi (leuprolide mesylate) • Lupron Depot (leuprolide acetate for depot suspension) • Orgovyx (relugolix) • Trelstar (triptorelin) • Zoladex (goserelin)

Table 2. Gonadotropin Releasing Hormone Agonists/Uterine Disorders

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

	Products
Preferred	<ul style="list-style-type: none"> • Orilissa (elagolix)
Target	<ul style="list-style-type: none"> • Zoladex 3.6 mg (goserelin)

Exception Criteria

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Prostate Cancer

Orgovyx, Trelstar, and Zoladex

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

- 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.
- Member has a documented hypersensitivity to any of the preferred products.

Camcevi and Lupron Depot

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

Uterine Disorders

Coverage for Zoladex 3.6 mg is provided when the member has experienced a documented hypersensitivity to the preferred product.

References

1. Eligard [package insert]. Fort Collins, CO: Tolmar Inc.; February 2025.
2. Firmagon [package insert]. Parsippany, NJ: Ferring Pharmaceuticals Inc.; February 2020.
3. Camcevi [package insert]. Raleigh, NC: Accord BioPharma Inc.; February 2025.
4. Lupron Depot [package insert]. North Chicago, IL: AbbVie Inc.; March 2024.
5. Orgovyx [package insert]. Marlborough, MA: Sumitomo Pharma America, Inc.; October 2024.
6. Trelstar [package insert]. Ewing, NJ: Verity Pharmaceuticals, Inc.; March 2025.
7. Zoladex 10.8 mg [package insert]. Deerfield, IL: TerSera Therapeutics LLC; December 2020.
8. Orilissa [package insert]. North Chicago, IL: AbbVie Inc.; June 2023.
9. Zoladex 3.6 mg [package insert]. Deerfield, IL: TerSera Therapeutics LLC; March 2023.