Reference number(s)
3224-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☐
Standard Control – Choice (SCCF)	☐
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☐
Advanced Control Specialty – Choice (ACSCF)	☐
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☑
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☑
Aetna Individual Lives (IVL)	☑
Value (VF)	☐

Formulary	Applies
New to Market (NTM)	☐
Standard Formulary Chart (SFC)	☐
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☐
Value Formulary Chart (VFC)	☐
Medical Benefit	☐
Medical Benefit: Advanced Biosimilars First	☐
Medical Benefit: Managed Medicaid (MMMB)	☐
Medicare Part B	☐
Medicare Part B: Advanced Biosimilars First	☐

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: Marketplace Formulary (MF), Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE), and Aetna Individual Lives (IVL) Formulary.

Plan Design Summary

This program applies to the gonadotropin releasing hormone 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	• **Eligard** (leuprolide acetate)
Target	• **Camcevi** (leuprolide mesylate) • **Lupron Depot** (leuprolide acetate for depot suspension) • **Lutrate 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. Camcevi [package insert]. Durham, NC: Accord BioPharma Inc.; May 2021.
3. Lupron Depot [package insert]. North Chicago, IL: AbbVie Inc.; March 2024.
4. Lutrate Depot [package insert]. Parsippany, NJ: Avyxa Pharma LLC; February 2025.