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)	☑
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	☐
Combined Benefit Management (CBM)	☐
Combined Benefit Management Pharmacy (CBMP)	☐
Medical Benefit Managed Medicaid (MMMB)	☐

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), and Small Group Affordable Care Act (ACA) Aetna Health Exchange (AHE).

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) • Vabrinty (leuprolide acetate)

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 the preferred product.

References

1. Eligard [package insert]. Fort Collins, CO: Tolmar Inc.; February 2025.
2. Camcevi [package insert]. Raleigh, NC: Accord BioPharma Inc.; February 2025.
3. Lupron Depot [package insert]. North Chicago, IL: AbbVie Inc.; March 2024.
4. Lutrate Depot [package insert]. Parsippany, NJ: Avyxa Pharma LLC; February 2025.
5. Vabrinty [package insert]. Fort Collins, CO: Tolmar, Inc.; June 2025.