



EXCEPTIONS CRITERIA GONADOTROPIN RELEASING HORMONE AGONISTS

PREFERRED PRODUCTS: 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 members who are new to treatment with a targeted product 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)
Preferred*	<ul style="list-style-type: none">• Eligard (leuprolide acetate)
Targeted (non-preferred)	<ul style="list-style-type: none">• Lupron Depot (leuprolide acetate for depot suspension)• Trelstar (triptorelin)• Zoladex (goserelin acetate)

*: 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.

Coverage for a targeted product is provided when either of the following criteria is met:

- A. Member has received treatment with a targeted product in the past 365 days.
- B. Member has a documented hypersensitivity to the preferred product.

REFERENCES

1. Eligard [package insert]. Fort Collins, CO: Tolmar Pharmaceuticals, Inc.; April 2019.
2. Lupron Depot [package insert]. North Chicago, IL: AbbVie; March 2019.
3. Trelstar [package insert]. Wayne, PA: Verity Pharmaceuticals, Inc.; December 2021.
4. Zoladex [package insert]. Deerfield, IL: TerSera Therapeutics LLC; December 2020.

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