

Reference number(s) 4257-D

#### This document applies to the following:

Product	Applies
Medicare Part B	<b>√</b>
Medicare Part B: Advanced Biosimilars First   ☑	

# Medicare Part B Step Therapy Gonadotropin Releasing Hormone Agonists

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

These criteria were developed to align with the following: Medicare Part B and Medicare Part B Advanced Biosimilars First.

# **Plan Design Summary**

This program applies to the gonadotropin releasing hormone agonist products specified in this document. Coverage for non-preferred 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 the non-preferred product.

Step therapy is applied in addition to any applicable National Coverage Determination (NCD), Local Coverage Determination (LCD), and Medicare Part B utilization management (UM) programs implemented for the client.

### Table. Gonadotropin Releasing Hormone Agonists

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

	Products
Preferred	Eligard (leuprolide acetate)

MedB ST GnRH-Prostate MED B-MED B ABF 4257-D P2026.docx

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	Products
Non-preferred	<ul> <li>Camcevi (leuprolide mesylate)</li> <li>Lupron Depot (leuprolide acetate for depot suspension)</li> <li>Trelstar (triptorelin)</li> <li>Zoladex (goserelin acetate)</li> </ul>

## **Step Therapy Criteria**

This program applies to members requesting treatment for prostate cancer.

Coverage for a non-preferred product is provided when either of the following criteria is met:

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

#### References

- 1. Camcevi [package insert]. Durham, NC: Accord BioPharma Inc.; February 2025.
- 2. Eligard [package insert]. Fort Collins, CO: Tolmar Pharmaceuticals, Inc.; February 2025.
- 3. Lupron Depot [package insert]. North Chicago, IL: AbbVie Inc.; March 2024.
- 4. Trelstar [package insert]. Ewing, NJ: Verity Pharmaceuticals, Inc.; March 2025.
- 5. Zoladex [package insert]. Deerfield, IL: TerSera Therapeutics LLC; December 2020.