



## GnRH Prior Authorization

<b>Drug(s) Applied:</b>	<b>Leuprolide acetate, Eligard</b> (leuprolide acetate), <b>Firmagon</b> (degarelix acetate)
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### Criteria:

Drug(s) Applied will be approved when the requested medication is being used for an FDA approved or compendia supported indication and all of the following criteria are met:

#### I. Initial Therapy Criteria

##### A. **Prostate cancer** as indicated by chart notes within past 180 days

1. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., oncology)

**Approval Duration:** 12 months

##### B. **Breast cancer** as indicated by chart notes within past 180 days

1. ONE of the following:

##### a) Patient is a pre- or perimenopausal female with breast cancer **and**

- (1) One of the following:

(a) Patient will use the requested agent for fertility preservation **or**

(b) Patient will use the requested agent for ovarian suppression during endocrine therapy (e.g., anastrozole, letrozole, exemestane, fulvestrant, tamoxifen, etc.) **or**

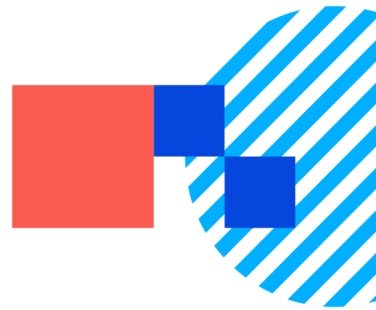
##### b) Patient is a male with hormone receptor positive advanced or metastatic breast cancer receiving endocrine therapy

**Approval Duration:** 12 months

##### C. **Ovarian cancer, fallopian tube cancer, or primary peritoneal cancer** as indicated by chart notes within past 180 days

1. Patient has persistent disease or disease recurrence

**Approval Duration:** 12 months



II. Continued Therapy Criteria

**A. Prostate cancer, breast cancer, ovarian cancer, fallopian tube cancer, or primary peritoneal cancer** as indicated by chart notes within past 12 months

1. Patient has been previously approved for the requested agent through the plan's Prior Authorization process or meets the initial therapy criteria above

**Approval Duration:** 12 months

**Policy Owned by:** Curative PBM team