



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

LEUPROLIDE-ELIGARD

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
LEUPROLIDE ACETATE	ELIGARD		17377 18155 19219 24301	GPI-14 (21405010106415, (21405010156432, (21405010206435, (21405010256445)	

GUIDELINES FOR USE

1. Is the requested medication being used for gender dysphoria?

If yes, **approve for 12 months by HICL or GPI-10 and override quantity limits.**
If no, continue to #2.

2. Does the patient have a diagnosis of advanced prostate cancer?

If yes, **approve the requested strength for 12 months by GPID or GPI-14 with the following quantity limits:**

- **7.5mg: #1 per month.**
- **22.5mg: #1 per 3 months.**
- **30mg: #1 per 4 months.**
- **45mg: #1 per 6 months.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **LEUPROLIDE-ELIGARD** requires the following rule(s) be met for approval:

A. You have ONE of the following diagnoses:

1. Gender dysphoria (your gender identity conflicts with your sex assigned at birth)
2. Advanced prostate cancer (prostate cancer that has spread to nearby tissue or organs)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Eligard.

REFERENCES

- Eligard [Prescribing Information]. Fort Collins, CO: Tolmar Pharmaceuticals, Inc.; April 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 01/23/23

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Client Approval: 01/23

P&T Approval: 04/22