



AETNA BETTER HEALTH®
Coverage Policy/Guideline

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Effective Date:	7/2/2026	Last Review Date:	9/30/2025
Applies to:	<input checked="" type="checkbox"/> Florida Kids	<input checked="" type="checkbox"/> Maryland	

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Eligard and Vabrinty under the patient's prescription drug benefit.

Description:

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

- Treatment of advanced prostate cancer

Compendial Uses

- Prostate cancer
- Androgen receptor positive salivary gland tumors
- Breast cancer – ovarian suppression

All other indications are considered experimental/investigational and not medically necessary.

- For Maryland requests related to gender dysphoria please use Gender Affirming Care Aetna MD Medicaid C26818-A.
- For Virginia requests related to gender dysphoria please use GnRH Analogs for Gender Dysphoria C22189-A Aetna Medicaid

Applicable Drug List:

Preferred Agent:

Eligard

Non-Preferred Agent:

Vabrinty

Policy/Guideline:

Criteria for Initial Approval:

Requests for Vabrinty require that the patient is unable to take Eligard for the given diagnosis due to a trial and inadequate treatment response, intolerance, or a contraindication. Documentation is required for approval.

Prostate cancer

Authorization of 12 months may be granted for treatment of prostate cancer



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Salivary gland tumors

Authorization of 12 months may be granted for treatment of recurrent, unresectable, or metastatic salivary gland tumor as a single agent or in combination with abiraterone and prednisone when the tumor is androgen receptor positive.

Breast Cancer – Ovarian Suppression

Authorization of 12 months may be granted for ovarian suppression in premenopausal members with hormone receptor-positive breast cancer at higher risk for recurrence (e.g., young age, high-grade tumor, lymph-node involvement) when used in combination with endocrine therapy.

Continuation of Therapy:

Salivary Gland Tumor

Authorization of 12 months may be granted for continued treatment of salivary gland tumor in members requesting reauthorization when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Prostate Cancer

Authorization of 12 months may be granted for continued treatment of prostate cancer in members requesting reauthorization who are experiencing clinical benefit to therapy (e.g., serum testosterone less than 50 ng/dL) and who have not experienced an unacceptable toxicity.

Breast Cancer – Ovarian Suppression

Authorization of 12 months may be granted (up to 5 years total) for continued treatment in members requesting reauthorization who were premenopausal at diagnosis and are still undergoing treatment with endocrine therapy.

Approval Duration and Quantity Restrictions:

Approval: 12 months

References:

1. Eligard [package insert]. Fort Collins, CO: Tolmar Pharmaceuticals, Inc.; May 2024.
2. Vabrinty [package insert]. Fort Collins, CO: Tolmar Pharmaceuticals, Inc.; June 2025.
3. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed September 10, 2025.
4. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Head and Neck Cancers. Version 2. 2025. Available at: https://www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf. Accessed February 4, 2025.
5. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Breast Cancer. Version 4.2025. Available at: https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf. Accessed September 15, 2025.