Leuprolide long acting
(Lupron Depot, Eligard, Lupaneta, Lupron Depot Ped)
Policy Number: C8756-A

CRITERIA EFFECTIVE DATES:

ORIGINAL EFFECTIVE DATE	LAST REVIEWED DATE	NEXT REVIEW DATE
03/2016	04/2019	04/2020
J CODE	**TYPE OF CRITERIA**	**LAST P&T APPROVAL**
J9218- leuprolide acetate J9217- leuprolide acetate depot (Eligard/Lupron Depot) J9219- leuprolide implant (Viadur)- discontinued J3490- leuprolide/norethindrone (Lupaneta Pack) J1950 leuprolide depot per 3.75mg (Lupron/LupronDepot/Lupron Depot Ped)	RxPA	Q2 2019

PRODUCTS AFFECTED:
Lupron Depot (leuprolide), Lupron Depot-Ped (leuprolide), Eligard (Leuprolide Acetate), Lupaneta Pack (Leuprolide & Norethindrone Tab Kit)

DRUG CLASS:
Antineoplastic Agent, Gonadotropin-Releasing Hormone Agonist; Gonadotropin Releasing Hormone Agonist

ROUTE OF ADMINISTRATION:
Intramuscular Administration, Subcutaneous Injection

PLACE OF SERVICE:
Retail Pharmacy, Specialty Pharmacy, Buy and Bill- **MUST USE J9217 FOR ONCOLOGY INDICATIONS, MUST USE J1950 FOR WOMEN'S HEALTH AND CPP INDICATIONS**

AVAILABLE DOSAGE FORMS:
Prostate cancer: -Lupron Depot 7.5 mg (monthly), Lupron Depot 22.5 mg (3 month), Lupron Depot 30 mg (4 months), Lupron Depot 45 mg (6 months) , Eligard 7.5 mg SC every 1 month, 22.5 mg SC every 3 months, 30 mg SC every 4 months, 45 mg SC every 6 months **MUST USE J9217 FOR MEDICAL BILLING**

Endometriosis and Uterine leiomyomata fibroids: Lupron Depot 3.75 mg (monthly), Lupron Depot 11.25 mg (3 months), Lupaneta Pack (11.25 mg IM for 3 months Norethindrone acetate 5 mg tablets)- **MUST USE J1950 FOR MEDICAL BILLING**

Central Precocious puberty: Lupron Depot-Ped (monthly) 7.5 mg, 11.25 mg, 15 mg, Lupron Depot - Ped (3 month) 11.25 mg, 30 mg, **MUST USE J1950 FOR MEDICAL BILLING**

FDA-APPROVED USES:
Advanced prostate cancer, Endometriosis and Uterine leiomyomata fibroids, Central precocious puberty

COMPENDIAL APPROVED OFF-LABELED USES: Ovarian cancer, Breast cancer, Puberty suppression therapy for gender dysphoria- See Molina Gender Dysphoria Treatment Policy

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COVERAGE CRITERIA: INITIAL AUTHORIZATION
DIAGNOSIS: Advanced prostate cancer, Endometriosis, Anemia prior to uterine fibroid surgery, Precocious puberty, Premenopausal ovarian suppression in women with breast cancer, to suppress onset of puberty in transgender adolescents, Treatment of paraphilia/hypersexuality, Premenstrual dysphoric disorder, Ovarian cancer

REQUIRED MEDICAL INFORMATION:

A. ADVANCED PROSTATE CANCER:
1. (a) Documentation of a diagnosis of clinically localized prostate cancer
   AND
   (b) Leuprolide is NOT being used as neoadjuvant therapy prior to radical prostatectomy
   AND
   (c) Leuprolide is being used in combination with radiation therapy for intermediateor high-risk stratification groups AND Members risk stratification group is very high risk
   OR
2. Member has locally advanced disease, recurrent disease, biochemical failure from previous therapy, progressive castration-naïve disease or regional/metastatic disease.
   AND
3. FOR LUPRON REQUESTS: Must have tried, failed or have a labeled contraindiction to Eligard (leuprolide) AND Zoladex (goserelin acetate)

B. ENDOMETRIOSIS:
1. Documentation of a diagnosis of endometriosis either surgically confirmed OR Clinically iagnosed and failed a three-month trial of analgesics and/or combined oral estrogenprogesterone contraceptives within the last year
   AND
2. Documentation patient has tried/failed or has an absolute contraindication to ALL of the following: one formulary NSAIDs (i.e. Ibuprofen, naproxen), one formulary preferred oral estrogen-progestin contraceptives, medroxyprogesterone or norethindrone acetate
   AND
3. Patient is older than 18 years of age
   AND
4. FOR LUPANETA PACK REQUESTS: combination products are not covered; Notify prescriber that separate products are formulary and are covered when valid prescriptions are presented to the pharmacy
5. FOR LUPRON REQUESTS: Must have tried, failed or have a labeled contraindication to Zoladex (goserelin acetate)

C. UTERINE LEIOMYOMATA (FIBROIDS):
1. Documentation of uterine leiomyomas confirmed with pelvic imaging
   AND
2. Documentation patient is symptomatic: Heavy or prolonged menstrual bleeding, Bulk-related symptoms, such as pelvic pressure and pain or Reproductive dysfunction (ie, infertility or obstetric complications)
   AND
3. Documentation therapy is being used as preoperative therapy 3-6 months prior to surgery for the following reasons: patient has a contraindication to oral iron supplementation to facilitate

the procedure and anemia correction is necessary or volume reduction is necessary prior to procedure
AND
4. Patient is older than 18 years of age

D. CENTRAL PRECOCIOUS PUBERTY:
1. Diagnosis of central precocious puberty and patient is currently less than 13 years old
AND
2. Onset of secondary sexual characteristics with one of the following: Females </= 8 years of age OR Males < / = 9 years of age
AND
3. Confirmation of diagnosis as defined by ONE of the following: (a) Pubertal basal level of luteinizing hormone (based on laboratory reference ranges) OR (b) Pubertal luteinizing hormone in response to a GnRH stimulation test OR (c) Bone age advanced one year beyond chronological age

E. BREAST CANCER:
1. Diagnosis of advanced breast cancer (stage IV or recurrent metastatic disease)
AND
2. Member pre- or peri-menopausal woman; or male with suppression of testicular steroidogenesis
AND
3. Treatment intent is palliative
AND
4. FOR LUPRON REQUESTS: Must have tried, failed or have a labeled contraindication to Zoladex (goserelin acetate)

F. PREVENTION OF CHEMOTHERAPY–INDUCED PREMATURE OVARIAN INSUFFICIENCY[5-9]:
1. Documentation of premenopausal patients with early breast cancer
AND
2. Documentation patient is undergoing (neo)-adjuvant chemotherapy

G. OVARIAN CANCER: Refer to Standard Oncology Criteria

H. TRANSGENDER HEALTH: Refer to Molina Gender Dysphoria Treatment Policy

DURATION OF APPROVAL: ADVANCED PROSTATE CANCER AND CENTERAL PRECOCIOUS PUBERTY: Initial authorization: 6 months, Continuation of Therapy: 12 months
ENDOMETRIOSIS & UTERINE FIBROIDS: Initial authorization: 3 months, Continuation of Therapy: 3 months--Lifetime maximum: 6 months

QUANTITY:
Lupron Depot 1-Month 3.75 mg 1 injection 28 days
Lupron Depot 1-Month 7.5 mg 1 injection 28 days
Lupron Depot 3-Month 11.25 mg 1 injection 84 days
Lupron Depot 3-Month 22.5 mg 1 injection 84 days
Lupron Depot 4-Month 30 mg 1 injection 112 days
Lupron Depot 6-Month 45 mg 1 injection 168 days
Lupron Depot-Ped 7.5 mg 1 injection 28 days
Lupron Depot-Ped 11.25 mg 1 injection 28 days

Lupron Depot-Ped 3-Month 11.25 mg 1 injection 84 days
Lupron Depot-Ped 15 mg 1 injection 28 days
Lupron Depot-Ped 3-Month 30 mg 1 injection 84 days
Eligard 7.5 mg 1 injection 28 days
Eligard 22.5 mg 1 injection 84 days
Eligard 30 mg 1 injection 112 days
Eligard 45 mg 1 injection 168 days

PRESCRIBER REQUIREMENTS:
Endometriosis, Uterine Fibroids: Prescribed by or in consultation with a gynecologist or specialist in women's health
Precocious Puberty: Prescribed by or in consultation with a Pediatrician or Pediatric Endocrinologist
Oncology conditions: Prescribed by or in consultation with an Oncologist or specialist in cancer treatment
Consultation notes should be provided once annually

AGE RESTRICTIONS: See Required Medical Information

GENDER:
Male and female

CONTINUATION OF THERAPY:
A. ENDOMETRIOSIS AND UTERINE FIBROIDS:
   1. Documentation of recurrence of symptoms following an initial course of therapy

B. PROSTATE, BREAST OR OVARIAN CANCER:
   1. Tumor response with stabilization of disease or decrease in size of tumor or tumor spread; AND
   2. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: tumor flare, hyperglycemia/diabetes, cardiovascular disease (myocardial infarction, sudden cardiac death, stroke), QT/QTc prolongation, convulsions, etc

C. CENTRAL PRECOCIOUS PUBERTY:
   1. Patient continues to meet initial criteria
      AND
   2. Disease response as indicated by lack of progression or stabilization of secondary sexual characteristics, decrease in height velocity, and improvement in final height prediction
      AND
   3. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: convulsions, development or worsening of psychiatric symptoms, etc.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION: All other uses of Leuprolide long acting (Lupron Depot, Eligard, Lupaneta, Lupron Depot Ped) are considered experimental/ investigational and therefore, will follow Molina's Off-Label policy. Other exclusions include: Women who are pregnant or those who may become pregnant or breastfeeding, Undiagnosed abnormal vaginal bleeding, OR used for In vitro fertilization or infertility, Hirsutism or Menstrual Migraine

OTHER SPECIAL CONSIDERATIONS: None

BACKGROUND:

Leuprolide is a synthetic nonapeptide analog of naturally occurring gonadotropin-releasing hormone or leutinizing hormone-releasing hormone (GnRH or LHRH), which possesses greater potency compared with the natural hormone (generally considered a GnRH agonist). It acts as a potent inhibitor of gonadotropin secretion when administered continuously in therapeutic doses. Following initial stimulation of gonadotropins, chronic administration of leuprolide leads to suppression of ovarian and testicular steroidogenesis. These effects are reversible after drug discontinuation.

APPENDIX: None

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