CareSource Rxinnovations

PHARMACY POLICY STATEMENT
Marketplace

DRUG NAME	Lupron Depot and Lupron Depot-PED (leuprolide acetate)
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Lupron Depot and Lupron Depot-PED, initially approved by the FDA in 1985, are gonadotropin-releasing hormone (GnRH) agonists. Lupron Depot is indicated for the management of endometriosis, including pain relief and reduction of endometriotic lesions and concomitant use with iron therapy for preoperative hematologic improvement of women with anemia caused by fibroids for whom three months of hormonal suppression is deemed necessary. Lupron Depot-PED is indicated for the treatment of pediatric patients with central precocious puberty.

Lupron Depot and Lupron Depot-PED (leuprolide acetate) will be considered for coverage when the following criteria are met:

Central Precocious Puberty (CPP) (Lupron Depot–Ped Only)

For **initial** authorization:

1. Member is 1 year old or older; AND
2. Medication must be prescribed by or in consultation with an endocrinologist; AND
3. Member has early onset of puberty symptoms before the age of 8 years for females or 9 years for males; AND
4. Member has a confirmed diagnosis of central precocious puberty, as evidenced by **BOTH** of the following:
    a. Pubertal response to a gonadotropin releasing hormone (GnRH) stimulation test OR pubertal levels of basal luteinizing hormone (LH);
    b. Advanced bone age for chronological age; AND
5. Member's baseline LH level, sex steroid level (estradiol or testosterone) weight and height are submitted with chart notes.
6. **Dosage allowed/Quantity limit:**
    a. Inject 11.25 mg or 30 mg intramuscularly once every three months; OR
    b. Inject 45 mg intramuscularly once every six months; OR
    c. Inject intramuscularly once monthly (see table below).

Body Weight	Recommended Monthly Dosage
Less than or equal to 25 kg	7.5 mg
Greater than 25 kg up to 37.5 kg	11.25 mg
Greater than 37.5 kg	15 mg

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:

1. Chart notes have been provided showing improvement in signs and symptoms of CPP (e.g., slowed growth rate, slowed bone age advancement, LH and sex steroid hormone levels have been suppressed or reduced from baseline); AND

2. If member is 11 years or older for females or 12 years or older for males, prescriber must provide a clinical reason for continuing medication beyond the recommended age for resuming puberty; AND

If all the above requirements are met, the medication will be approved for an additional 12 months.

Endometriosis (Lupron Depot Only)

For **initial** authorization:

1. Member is premenopausal and 18 years of age or older; AND
2. Medication must be prescribed by or in consultation with a gynecologist; AND
3. Member has a diagnosis of endometriosis confirmed by imaging or laparoscopy; AND
4. Member must have documentation of painful symptoms (e.g., pelvic pain, dysmenorrhea, etc.) associated with endometriosis; AND
5. Member has failed a 3-month trial of a hormonal contraceptive; AND
6. Provider attests that member is **NOT** pregnant.
7. **Dosage allowed/Quantity limit:** Inject 3.75 mg intramuscularly once monthly for up to six injections or 11.25 mg every three months for up to two injections.

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:

1. Chart notes have been provided showing improvement of signs and symptoms of disease (e.g. decreased pain, dysmenorrhea, dyspareunia, reduction in size endometriotic lesions); AND
2. Member has recurrence of endometriosis symptoms; AND
3. Medication must be used concomitantly with norethindrone acetate 5 mg (add-back therapy); AND
4. Total duration of treatment has not exceeded 12 months.

If all the above requirements are met, the medication will be approved for an additional 6 months. Reauthorization will not be allowed after 12 months of therapy.

Uterine Leiomyomas (Fibroids) (Lupron Depot Only)

For **initial** authorization:

1. Member is premenopausal and 18 years of age or older; AND
2. Medication must be prescribed by or in consultation with a gynecologist; AND
3. Chart notes must include documentation of anemia due to uterine fibroids (e.g. hemoglobin, hematocrit etc.); AND
4. Member is having surgery to remove fibroids; AND
5. Chart notes must include proposed surgery date and/or surgery timeline; AND
6. Member has failed a 30-day trial of supplemental iron therapy; AND
7. Medication must be used concomitantly with iron; AND
8. Provider attests that member is **NOT** pregnant.
9. **Dosage allowed/Quantity limit:** Inject 3.75 mg intramuscularly once monthly for up to three months or 11.25 mg as a single injection.

If all the above requirements are met, the medication will be approved for 3 months.

For **reauthorization**:

1. Lupron Depot will not be reauthorized.

Advanced Breast Cancer or Advanced Prostate Cancer

Any request for cancer must be submitted through NantHealth/Eviti portal.

CareSource considers Lupron Depot and Lupron Depot-PED (leuprolide acetate) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
10/09/2018	New policy for Lupron created. Age requirement for Central Precocious Puberty and diagnostic evaluation assessment were revised. Coverage for Advanced Breast Cancer is specified for hormone receptor-positive breast cancer. "Proposed date of planned fibroid surgery" criterion was added to diagnosis of Uterine Leiomyomas. Diagnosis of Dysfunctional uterine bleeding was removed. The requirement for increased uterine volume from the female criteria in CPP was removed.
07/28/2020	Carved out Advanced Breast Cancer and Advanced Prostate Cancer to Eviti. For central precocious puberty, updated diagnostic requirements to require both: advanced bone age and GnRH stimulation test or pubertal hormone levels; specified baseline LH hormones; removed ruled out diagnoses; removed list of secondary puberty signs and symptoms (redundancy); added requirement for discontinuation of treatment in reauth; added prescriber requirement. Initial approval duration changed from 12 to 6 months.
10/08/2020	For uterine leiomyomas: Added requirement of anemia associated with heavy bleeding due to fibroids to meet diagnosis. Added a 30-day trial of iron therapy in accordance to drug label. Added that Lupron must be used concomitantly with iron therapy. For endometriosis: Removed requirement of norethindone concurrent use in initial auth. Simplified symptoms. Reduced duration of reauth to 6 months from 12 months. Total duration of approval (initial + retreatment) cannot exceed 12 months per drug labeling. Added that member has to be symptomatic to request reauthorization.
03/11/2024	Transferred to new template; updated references. CPP: lowered age limit from 2 years of age to 1 year of age; removed requirement of estradiol/testosterone level from LH testing; simplified bone age requirement from 1 year or greater to advanced. Endometriosis: removed that member cannot have abnormal uterine bleeding and replaced no pregnancy or plan to become pregnant with provider attestation that member is not pregnant; clarified dosing; removed 30-day NSAID trial; added confirmation of diagnosis by imaging or laparoscopy; added improvement of signs and symptoms in reauthorization criteria. Fibroids: removed that member cannot have abnormal uterine bleeding and replaced no pregnancy or plan to become pregnant with provider attestation that member is not pregnant; simplified reauthorization statement to say that medication will not be reauthorized; removed that anemia must be from heavy menstrual bleeding; simplified dosing.

References:

1. Lupron Depot [package insert]. North Chicago, IL: AbbVie Inc.; 2023.
2. Lupron Depot – PED [package insert]. North Chicago, IL: AbbVie Inc.; 2023.
3. American Association of Gynecologic Laparoscopists (AAGL). AAGL practice report: practice guidelines for the diagnosis and management of submucous leiomyomas. *J Minim Invasive Gynecol.* Mar-Apr 2012;19(2):152-71.
4. Management of Symptomatic Uterine Leiomyomas: ACOG Practice Bulletin, Number 228. *Obstet Gynecol.* 2021;137(6):e100-e115. doi:10.1097/AOG.0000000000004401
5. De La Cruz MS, Buchanan EM. Uterine fibroids: diagnosis and treatment. *Am Fam Physician*. 2017 Jan 15;95(2):100-107.
6. Stewart EA. Uterine fibroids (leiomyomas): Treatment overview. In: Barbieri RL, ed. UpToDate. Waltham, MA: UpToDate Inc. Accessed March 14, 2024.
7. Chen M, Eugster EA. Central Precocious Puberty: Update on Diagnosis and Treatment. *Paediatr Drugs*. 2015;17(4):273-281.

8. Carel JC, Eugster EA, Rogol A, et al; ESPE-LWPES GnRH Analogs Consensus Conference Group. Consensus statement on the use of gonadotropin-releasing hormone analogs in children. *Pediatrics*. 2009;123(4).
9. Kletter GB, Klein KO, Wong YY. A pediatrician's guide to central precocious puberty. *Clin Pediatr (Phila).* 2015;54(5):414-424. doi:10.1177/0009922814541807
10. Zevin EL, Eugster EA. Central precocious puberty: a review of diagnosis, treatment, and outcomes. *Lancet Child Adolesc Health.* 2023;7(12):886-896. doi:10.1016/S2352-4642(23)00237-7
11. Schrager S, Falleroni J, Edgoose J. Evaluation and treatment of endometriosis. Am Fam Physician. 2013 Jan 15;87(2):107-13
12. Allaire C, Bedaiwy MA, Yong PJ. Diagnosis and management of endometriosis. *CMAJ*. 2023;195(10):E363-E371. doi:10.1503/cmaj.220637
13. Armstrong C. ACOG updates guideline on diagnosis and treatment of endometriosis. Am Fam Physician. 2011 Jan 1;83(1):84-85.
14. Becker CM, Bokor A, Heikinheimo O, et al. ESHRE guideline: endometriosis. *Hum Reprod Open.* 2022;2022(2):hoac009. Published 2022 Feb 26. doi:10.1093/hropen/hoac009
15. 2021 Georgia Code Title 33 – Insurance Chapter 20A - Managed Health Care Plans Article 2 - Patient's Right to Independent Review § 33-20A-31 Definitions. Justia US Law. Accessed April 25, 2023. https://law.justia.com/codes/georgia/2021/title-33/chapter-20a/article-2/section-33-20a-31/.

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