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Section:	Prescription Drugs	**Effective Date:**	April 1, 2021
Subsection:	Endocrine and Metabolic Drugs	**Original Policy Date:**	May 29, 2020
Subject:	Leuprolide Acetate	**Page:**	1 of 6

Last Review Date: March 12, 2021

Leuprolide Acetate

Description

Eligard, Fensolvi, Lupron Depot (leuprolide acetate)

Background
Leuprolide acetate, a GnRH agonist, acts as a potent inhibitor of gonadotropin secretion when given continuously and in therapeutic doses. Human studies indicate that following an initial stimulation of gonadotropins, chronic stimulation with leuprolide acetate results in suppression or "downregulation" of these hormones and consequent suppression of ovarian and testicular steroidogenesis. These effects are reversible on discontinuation of drug therapy (1-5).

Regulatory Status
FDA-approved indication: (1-5)

- Eligard is indicated for the palliative treatment of advanced prostate cancer.
- Fensolvi is indicated for the treatment of pediatric patients 2 years of age and older with central precocious puberty (CPP).
- Lupron Depot is indicated:
    - For the management of endometriosis, including pain relief and reduction of endometriotic lesions.
    - With iron therapy before fibroid surgery to improve anemia from fibroids.
    - For the palliative treatment of advanced prostate cancer.
    - For the treatment of children with central precocious puberty (CPP).

Off-Label Uses: (6)

- Breast cancer

NCCN recommends the use of Lupron Depot in males and females with breast cancer (6).

The safety and effectiveness of leuprolide for CPP in pediatric patients less than 2 years of age have not been established. The safety and effectiveness of leuprolide for advanced prostate cancer in pediatric patients less than 18 years of age have not been established. The safety and effectiveness of Lupron Depot for the management of endometriosis and hematologic improvement of women with anemia caused by fibroids have been established in females of reproductive age (1-5).

Related policies
ART Drugs, HCG, Synarel

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Leuprolide may be considered **medically necessary** for patients with advanced prostate cancer, endometriosis, uterine fibroids, central precocious puberty, breast cancer, or gender dysphoria and if the conditions indicated below are met.

Leuprolide is considered **investigational** for all other indications.

Prior-Approval Requirements

Diagnoses

Female

Patient must have **ONE** of the following:

1. Fensolvi **only:**
    a. Central precocious puberty (CPP)
        i. 2 years of age or older
2. Lupron Depot **only:**
    a. Central precocious puberty (CPP)
        i. 2 years of age or older
    b. Endometriosis
    c. Uterine fibroids
    d. Breast cancer

Male

Patient must have **ONE** of the following:

1. Eligard **only:**
    a. Advanced prostate cancer
        i. 18 years of age or older
2. Fensolvi **only:**
    a. Central precocious puberty (CPP)
        i. 2 years of age or older
3. Lupron Depot **only:**
    a. Central precocious puberty (CPP)
        i. 2 years of age or older
    b. Advanced prostate cancer
        i. 18 years of age or older
    c. Breast cancer

AND NOT used for the following for both males and females:

1. Weight loss
2. Anti-aging effects
3. Performance (athletic) enhancement
4. Erectile or sexual dysfunction

Diagnosis

The patient must have the following:

Gender Dysphoria (GD)

1. Prescribed by an endocrinologist or transgender specialist
2. Patient has met the DSM V criteria for GD

Prior – Approval *Renewal* Requirements

Diagnoses

Female

Patient must have **ONE** of the following:

1. Fensolvi **only:**
    a. Central precocious puberty (CPP)
        i. 2 years of age or older
2. Lupron Depot **only:**

a. Central precocious puberty (CPP)
    i. 2 years of age or older
b. Endometriosis
c. Uterine fibroids
d. Breast cancer

Male

Patient must have **ONE** of the following:

1. Eligard **only:**
    a. Advanced prostate cancer
        i. 18 years of age or older
2. Fensolvi **only:**
    a. Central precocious puberty (CPP)
        i. 2 years of age or older
3. Lupron Depot **only:**
    a. Central precocious puberty (CPP)
        i. 2 years of age or older
    b. Advanced prostate cancer
        i. 18 years of age or older
    c. Breast cancer

AND NOT used for the following for both males and females:

1. Weight loss
2. Anti-aging effects
3. Performance (athletic) enhancement
4. Erectile or sexual dysfunction

Diagnosis

The patient must have the following:

Gender Dysphoria (GD)

1. Prescribed by an endocrinologist or transgender specialist

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration	Females	6 months
	Males	12 months
	GD	2 years

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Leuprolide acetate, a GnRH agonist, acts as a potent inhibitor of gonadotropin secretion when given continuously and in therapeutic doses. Human studies indicate that following an initial stimulation of gonadotropins, chronic stimulation with leuprolide acetate results in suppression or “downregulation” of these hormones and consequent suppression of ovarian and testicular steroidogenesis. These effects are reversible on discontinuation of drug therapy (1-5).

Prior approval is required to ensure the safe, clinically appropriate and cost-effective use of leuprolide while maintaining optimal therapeutic outcomes.

References

1. Eligard [package insert]. Fort Collins, CO: Tolmar Pharmaceuticals, Inc.; April 2019.
2. Fensolvi [package insert]. Fort Collins, CO: Tolmar Pharmaceuticals, Inc.; May 2020.
3. Lupron Depot GYN [package insert]. North Chicago, IL: AbbVie Inc.; March 2019.
4. Lupron Depot URO [package insert]. North Chicago, IL: AbbVie Inc.; March 2020.
5. Lupron Depot-PED [package insert]. North Chicago, IL: AbbVie Inc.; April 2020.
6. NCCN Drugs & Biologics Compendium® Leuprolide Acetate 2021. National Comprehensive Cancer Network, Inc. February 2021.

Policy History

Date	Action
May 2020	Addition to PA

September 2020	Annual review
November 2020	Addition of off-label indication for Lupron Depot per NCCN: breast cancer
March 2021	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 12, 2021 and is effective on April 1, 2021.