

<b>Applicable Products:</b>	
Camcevi (leuprolide)	Lupron Depot-Ped (leuprolide acetate)
Eligard (leuprolide acetate XR)	Supprelin LA (histrelin acetate)
Fensolvi (leuprolide acetate)	Trelstar (triptorelin pamoate)
Firmagon (degarelix)	Triptodur (triptorelin)
Lupron (Gyn ONLY) (leuprolide acetate)	Zoladex (goserelin)
Lupron Depot (leuprolide acetate)	

Initial Approval Criteria:

Coverage may be approved if all of the following are met:

- Diagnosis-specific criteria; **AND**
- If applicable: Trial and failure, intolerance, or a contraindication to the preferred products as listed in the medical drug list

Anemia due to Uterine Fibroids (Lupron, Lupron Depot)

- Agent is being used for the preoperative treatment of anemia due to uterine fibroids in combination with iron supplementation when iron therapy alone fails to correct the anemia:
  - Duration of therapy not to exceed three (3) months

Prostate Cancer (Camcevi, Eligard, Firmagon, Lupron, Lupron Depot, Trelstar, Zoladex)

- Agent is being used as palliative treatment of advanced prostate cancer

Endometriosis (Lupron, Lupron Depot)

- Agent is being used for the management of endometriosis, including pain relief and reduction of endometriotic lesions:
  - Duration of initial treatment or retreatment not to exceed six (6) months; **OR**
- Agent is being used for the initial management of painful symptoms of endometriosis and for management of recurrence of symptoms in combination with norethindrone acetate 5 mg tablet taken once daily as add-back therapy (Lupron Depot only):
  - Duration of initial treatment or retreatment not to exceed six (6) months

Central Precocious Puberty (Fensolvi, Lupron, Lupron Depot, Lupron Depot-Ped, Triptodur, Supprelin LA)

- Agent is being used for the treatment of children with central precocious puberty when ALL the following criteria are met:
  - Confirmed clinical diagnosis of CPP defined by the following:
    - Measurement of LH and FSH following stimulation with a GnRH analog; **AND**
    - Bone age versus chronological age assessment supports diagnosis of CPP; **AND**
  - Individual has onset of secondary sexual characteristics;
    - Less than 11 years of age for females; **OR**
    - Less than 12 years of age for males

Renewal Criteria:

Coverage may be renewed if all of the following are met:

- Patient continues to meet Initial Approval Criteria; **AND**
- Absence of unacceptable toxicity

Length of Authorization:

12 months unless otherwise stated with the specific diagnosis

*This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.*

*Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.*