POLICY Document for LUPRON DEPOT 3.75 mg LUPRON DEPOT-3 Month 11.25 mg (leuprolide acetate for depot suspension)

The overall objective of this policy is to support the appropriate and cost effective use of the medication. This document provides specific information to each section of the overall policy.

Section 1: Clinical Criteria
- Policy information specific to the clinical appropriateness for the medication

Section 2: Oncology Clinical Policy
- Policy information specific to regimen review per NCCN Guidelines.

Section 1: Clinical Criteria

SPECIALTY GUIDELINE MANAGEMENT
LUPRON DEPOT 3.75 mg
LUPRON DEPOT-3 Month 11.25 mg
(leuprolide acetate for depot suspension)

POLICY

I. INDICATIONS

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.

A. FDA-Approved Indications

1. Lupron Depot 3.75 mg and Lupron Depot-3 Month 11.25 mg are indicated for management of endometriosis, including pain relief and reduction of endometriotic lesions. Lupron Depot 3.75 mg monthly and Lupron Depot-3 Month 11.25 mg with norethindrone acetate 5 mg daily are also indicated for initial management of endometriosis and for management of recurrence of symptoms. Duration of initial treatment or retreatment should be limited to six months.

2. When used concomitantly with iron therapy, Lupron Depot 3.75 mg and Lupron Depot-3 Month 11.25 mg are indicated for the preoperative hematologic improvement of patients with anemia caused by uterine leiomyomata. The clinician may wish to consider a one-month trial period on iron alone inasmuch as some of the patients will respond to iron alone. Lupron may be added if the response to iron alone is considered inadequate. Recommended duration of therapy is up to 3 months, either given as Lupron Depot 3.75 mg monthly or as a single injection of Lupron Depot-3 Month 11.25 mg. Lupron Depot-3 Month 11.25 mg is indicated only for women for whom three months of hormonal suppression is deemed necessary.

Experience with Lupron Depot in females has been limited to women 18 years of age and older, and experience with the Lupron Depot-3 Month 11.25 mg formulation has been limited to treatment for no more than six months.

B. Compendial Uses
   1. Breast cancer
   2. Ovarian Cancer
      a. Epithelial ovarian cancer/fallopian tube cancer/primary peritoneal cancer
      b. Malignant sex cord-stromal tumors
   3. Preoperative use in uterine leiomyomata (fibroids) to facilitate surgery
   4. Gender dysphoria (also known as gender non-conforming or transgender persons)
   NOTE: Some plans may opt-out of coverage for gender dysphoria.
   5. Preservation of ovarian function[9,10]
   6. Prevention of recurrent menstrual related attacks in acute porphyria

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

A. Endometriosis
Authorization of up to 6 months (one treatment course) may be granted to members for initial treatment of endometriosis.

B. Uterine leiomyomata (fibroids)
Authorization of up to 3 months may be granted for initial treatment of uterine leiomyomata (fibroids) when either of the following criteria is met:
1. Member has anemia due to uterine leiomyomata, or
2. Lupron Depot will be used prior to surgery for uterine leiomyomata.

C. Breast cancer
Authorization of 12 months may be granted for treatment of hormone receptor-positive breast cancer.

D. Ovarian cancer
1. Authorization of 12 months may be granted for treatment of epithelial ovarian cancer, fallopian tube cancer, or primary peritoneal cancer.
2. Authorization of 12 months may be granted for treatment of malignant sex cord-stromal tumors.

E. Gender dysphoria
1. Authorization of 12 months may be granted for pubertal suppression in preparation for gender reassignment in an adolescent member when all of the following criteria are met:
   a. The member has a diagnosis of gender dysphoria.
   b. The member has reached Tanner stage 2 of puberty.
2. Authorization of 12 months may be granted for gender reassignment in an adult member when all of the following criteria are met:
   a. The member has a diagnosis of gender dysphoria.
   b. The member will receive Lupron Depot concomitantly with cross sex hormones.

F. Preservation of ovarian function
Authorization of 3 months may be granted for preservation of ovarian function when the member is premenopausal and undergoing chemotherapy.

G. Prevention of recurrent menstrual related attacks in acute porphyria

Authorization of 12 months may be granted for prevention of recurrent menstrual related attacks in members with acute porphyria when the requested medication is prescribed by or in consultation with a physician experienced in the management of porphyrias.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria in addition to the following diagnosis-specific criteria (if applicable).

A. Endometriosis

Authorization of up to 6 months (for a lifetime maximum of 12 months total) may be granted for retreatment of endometriosis when all of the following criteria are met:

1. The member has had a recurrence of symptoms.
2. The member has a bone mineral density within normal limits.

B. Uterine leiomyomata (fibroids)

Authorization of up to 3 months (for a lifetime maximum of 6 months total) may be granted when either of the following criteria is met:

1. Member has anemia due to uterine leiomyomata, or
2. Lupron Depot will be used prior to surgery for uterine leiomyomata.

C. All other indications

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

Section 2: Oncology Clinical Policy

Oncology Clinical Policy

Program Description

The National Comprehensive Care Network® (NCCN®) is an alliance of leading cancer centers devoted to patient care, research and education dedicated to improving the quality, effectiveness and efficiency of cancer care so patients can live better lives.[1] It is comprised of oncology experts who convene regularly to establish the best treatments for patients. NCCN develops various resources for use by stakeholders in the health care delivery system. These resources include, but are not limited to, the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®), the NCCN Drugs & Biologics Compendium (NCCN Compendium®) and the NCCN Chemotherapy Order Templates (NCCN Templates®).

NCCN templates are based on NCCN Clinical Practice Guidelines and NCCN Compendium. The NCCN Compendium lists the appropriate drugs and biologics for specific cancers using U.S. Food and Drug Administration (FDA)-approved disease indications and specific NCCN panel recommendations. Each recommendation is supported by a level of evidence category.

NCCN Categories of Evidence and Consensus[2]

- Category 1: Based on high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.
- Category 2A: Based on lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

- Category 2B: Based on lower-level evidence, there is NCCN consensus that the intervention is appropriate.
- Category 3: Based any level of evidence, there is major NCCN disagreement that the intervention is appropriate.

Policy for Regimen Prior Authorization

A regimen prior authorization allows submission of a single prior authorization request for all oncology drugs or biologics within an NCCN template that require prior authorization.

This policy provides coverage of a regimen review when *all* of the following criteria are met:

a. Regimen prior authorization reviews, based on NCCN templates, are initiated through the provider portal: https://provider.carefirst.com/providers/home.page
b. If the prior authorization request is submitted via phone or fax, each drug or biologic will need to be submitted and reviewed as a separate prior authorization request for review with drug-specific criteria.

2. The prior authorization review is requested for an oncology drug or biologic that requires prior authorization on the medical benefit.
3. The indication is for a cancer that is eligible for regimen review. Currently, the cancer types in scope for regimen review include breast, lung, colon and rectal cancer.
4. The member is eligible for regimen review.

In addition, the following criteria must be met for approval:

1. The requested regimen for the drug(s) or biologic(s) and indication is consistent with an NCCN recommendation with a level of evidence category of 1 or 2A.
2. The NCCN template must be accepted by the provider without modification.

Authorizations may be granted for 12 months.
Further review may be indicated where the above criteria are not met.

Continuation of Therapy

To submit a request for continuation of therapy, a new regimen prior authorization review must be requested. Upon template selection, the template must be modified to include the appropriate therapies being used for maintenance treatment. The regimen request will be submitted for further review.

Dosage and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia and/or evidence-based practice guidelines.

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SECTION 1

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SECTION 2

1. National Comprehensive Cancer Network. About NCCN website. https://www.nccn.org/about/default.aspx, accessed September 16, 2019.
2. National Comprehensive Cancer Network. NCCN Categories of Evidence and Consensus website. https://www.nccn.org/professionals/physician_gls/categories_of_consensus.aspx, accessed September 16, 2019.
3. National Comprehensive Cancer Network. NCCN Guidelines website. http://www.nccn.org/professionals/physician_gls/f_guidelines.asp, accessed September 16, 2019. *(Note: An account may be required.)*
4. National Comprehensive Cancer Network. NCCN Drugs and Biologics Compendium® website. http://www.nccn.org/professionals/drug_compendium/content/contents.asp, accessed September 16, 2019. *(Note: A subscription may be required.)*
5. National Comprehensive Cancer Network. NCCN Chemotherapy Order Templates (NCCN Templates) website. https://www.nccn.org/professionals/OrderTemplates/Default.aspx, accessed September 16, 2019. *(Note: A subscription may be required.)*