Mass General Brigham
Health Plan

Leuprolide acetate
Camcevi
Eligard
Fensolvi
Lupron
Effective 07/01/2023

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy when obtained through the pharmacy benefit.		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Leuprolide is an agonist of gonadotropin releasing hormone (GnRH) receptors. Leuprolide produces an initial increase in luteinizing hormone (LH) and follicle stimulating hormone (FSH), which leads to a transient increase in testosterone and dihydrotestosterone (in males) and estrone and estradione (in premenopausal females). Continuous leuprolide administration then results in suppression of ovarian and testicular steroidogenesis. In males, testosterone levels are reduced to below castrate levels. Leuprolide may also have a direct inhibitory effect on the testes, and act by a different mechanism not directly related to reduction in serum testosterone.

FDA Approved Uses

1. Central precocious puberty
2. Endometriosis
3. Prostate cancer, advanced
4. Anemia caused by Uterine leiomyomata (fibroids)

Compendial Uses

1. Breast cancer – ovarian suppression for premenopausal women
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)
5. Androgen receptor positive salivary gland tumors

Coverage Guidelines
Authorization may be granted for members who are new to the plan currently receiving treatment with a leuprolide product, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted when the following drug-specific criteria (when applicable) is met and documentation has been submitted **:

Breast Cancer
Authorization may be granted for ovarian suppression in premenopausal women diagnosed with breast cancer

Central Precocious Puberty (CPP)
1. Authorization up to age 12 may be granted for the treatment of CPP in a female member when ALL the following criteria are met:
    a. The diagnosis of CPP has been confirmed by a pubertal response to a gonadotropin releasing hormone (GnRH) agonist test or a pubertal level of a third generation luteinizing hormone (LH) assay
    b. The diagnosis of CPP has been confirmed by assessment of bone age versus chronological age
    c. The member was less than 8 years of age at the onset of secondary sexual characteristics
2. Authorization up to age 13 may be granted for the treatment of CPP in a male member when ALL the following criteria are met:
    a. The diagnosis of CPP has been confirmed by a pubertal response to a GnRH agonist test or a pubertal level of a third generation LH assay
    b. The diagnosis of CPP has been confirmed by assessment of bone age versus chronological age
    c. The member was less than 9 years of age at the onset of secondary sexual characteristics

Endometriosis
Authorization may be granted for the initial treatment of endometriosis.

Uterine leiomyomata
Authorization may be granted for the initial treatment of uterine leiomyomata (fibroids) when ONE of the following criteria has been met:
1. Member has anemia due to uterine leiomyomata
2. Lupron Depot will be used prior to surgery for uterine leiomyomata

Gender dysphoria
Authorization may be granted when ONE of the following criteria has been met:
1. In preparation for gender reassignment (male to female) an adolescent member when ALL the following criteria are met:
    a. Member has a diagnosis of gender dysphoria
    b. Member has reached Tanner stage 2 of puberty
2. Gender reassignment in an adult member when ALL the following criteria are met:
    a. Member has a diagnosis of gender dysphoria
    b. Member will receive Lupron Depot concomitantly with cross sex hormones

Ovarian Cancer
Authorization may be granted when ONE of the following criteria has been met:

1. Treatment of epithelial ovarian cancer, fallopian tube cancer, or primary peritoneal cancer
2. Treatment of malignant sex cord-stromal tumors.

Prostate Cancer
Authorization of Eligard (leuprolide acetate kit for subcutaneous use), Camcevi or Lupron Depot IM injection may be granted for palliative treatment of advanced prostate cancer

Salivary Gland Tumors
Authorization may be granted for treatment of recurrent, unresectable, or metastatic salivary gland tumors as a single agent when the tumor is androgen receptor positive.

**Criteria for Leuprolide used as an adjunct to infertility treatments is located within a separate fertility document.

Note: Medication regimens being used in accordance with National Comprehensive Cancer Network (NCCN) guidelines with at least a 2a or 2b level evidence can be reviewed for medical necessity.

Continuation of Therapy
Reauthorization may be granted for members, including those who are new to the plan, when ALL initial authorization criteria are met.

Limitations

1. Initial approvals will be based on diagnosis
    a. **For endometriosis,** approvals will be granted for 6 months.
    b. **For uterine leiomyomata,** approvals will be granted for 3 months.
    c. **For breast cancer, ovarian cancer, prostate cancer, CPP, salivary gland tumor or gender dysphoria,** approvals will be granted for 12 months.
2. Reauthorizations will be based on diagnosis
    a. **For endometriosis,** approvals will be granted for up to 6 months.
        i. Note: A lifetime maximum of 12 months total.
    b. **For uterine leiomyomata**, approvals will be granted for up to 3 months.
        i. Note: A lifetime maximum of 6 months total.
    c. **For breast cancer, ovarian cancer, prostate cancer, salivary gland tumor or gender dysphoria**, approvals will be granted for 12 months.
    d. **For CPP**, reauthorizations will be granted at 12-month intervals up to the age of 12 for females and 13 for males.

**Criteria for Leuprolide used as an adjunct to infertility treatments is located within a separate fertility document.

Dosing

Indications	Dose
Endometriosis, including pain relief and reduction of endometriotic lesions	Lupron Depot 3.75mg once per month Lupron Depot 11.25 mg every 3 months

Initial management of endometriosis and management of recurrence of symptoms	Lupaneta (Lupron Depot-3 Month 11.25 mg with norethindrone acetate 5 mg daily)
Breast cancer	Lupron Depot 3.75mg, 7.5mg Lupron Depot-3 Month 11.25mg, 22.5mg
Ovarian cancer (Epithelial ovarian cancer/fallopian tube cancer/primary peritoneal cancer & Malignant sex cord-stromal tumors)	Lupron Depot 3.75mg, Lupron Depot-3 month 11.25mg
Preoperative use in uterine leiomyomata (fibroids)	Lupron Depot 3.75mg Lupron Depot-3 Month 11.25mg
Prostate Cancer	Eligard/Lupron 7.5mg every 4 weeks 22.5mg every 12 weeks 30mg every 16 weeks 45mg every 24 weeks Camcevi 42mg once every 6 months
Androgen receptor positive salivary gland tumors	Lupron Depot 7.5mg every 4 weeks 22.5mg every 12 weeks 30mg every 16 weeks 45mg every 24 weeks
Central Precocious Puberty	Lupron Depot-Ped 30mg and 11.25mg >37.5kg -15mg monthly >25-37.5kg – 11.25mg monthly < 25kg – 7.5mg monthly
Gender dysphoria	Lupron Depot 3.75mg, 7.5mg Lupron Depot-3 Month 11.25mg, 22.5mg Fensolvi 45mg every 6 months

References.

1. Leuprolide acetate [prescribing information]. Princeton, NJ: Sandoz Inc; January 2019
2. Eligard (leuprolide acetate) [prescribing information]. Fort Collins, CO: Tolmar Therapeutics, Inc; April 2019
3. Lupron Depot-PED (leuprolide acetate) [prescribing information]. North Chicago, IL: AbbVie Inc; March 2021.
4. Lupron Depot 3.75 mg (leuprolide acetate) [prescribing information]. North Chicago, IL: AbbVie Inc; February 2021.
5. Lupron Depot 3-month 11.25 mg (leuprolide acetate) [prescribing information] North Chicago, IL: Abbvie Inc; March 2020
6. Lupron Depot 1-month 7.5 mg, 3-month 22.5 mg, 4-month 30 mg, 6-month 45 mg (leuprolide acetate) [prescribing information]. North Chicago, IL: AbbVie Inc; April 2022.
7. Fensolvi: Manufacturer's prescribing information for FENSOLVI, 4/2022. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/213150s002lbl.pdf

8. Camcevi (leuprolide mesylate) [prescribing information]. Taipei City 115, Taiwan: Foresee Pharmaceuticals Co., Ltd; May 2021
9. American College of Obstetricians and Gynecologists' Committee on Practice Bulletins–Gynecology. Management of Symptomatic Uterine Leiomyomas: ACOG Practice Bulletin, Number 228. Obstet Gynecol 2021; 137:e100
10. Hartmann KE, Fonnesbeck C, Surawicz T, et al. Management of Uterine Fibroids. AHRQ Comparative Effectiveness Review. Rockville, MD: 2017. https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/cer-195-uterine-fibroids-final-revision.pdf (Accessed on January 06, 2020).
11. Lee PA, Klein K, Mauras N, et al. Efficacy and safety of leuprolide acetate 3-month depot 11.25 milligrams or 30 milligrams for the treatment of central precocious puberty. J Clin Endocrinol Metab 2012; 97:1572
12. Lopes RD, Higano CS, Slovin SF, et al. Cardiovascular Safety of Degarelix Versus Leuprolide in Patients with Prostate Cancer: The Primary Results of the PRONOUNCE Randomized Trial. Circulation 2021; 144:1295
13. National Comprehensive Cancer Network (NCCN). NCCN Drugs & Biologics Compendium. Leuprolide acetate. 2014. NCCN: Fort Washington, PA
14. Yokoyama Y, Mizunuma H. Recurrent epithelial ovarian cancer and hormone therapy. World J Clin Cases 2013;1:187-190.: https://www.ncbi.nlm.nih.gov/pubmed/24303498
15. Yao X, Stewart EA, Laughlin-Tommaso SK, et al. Medical therapies for heavy menstrual bleeding in women with uterine fibroids: a retrospective analysis of a large commercially insured population in the USA. BJOG 2017; 124:322
16. Schmid P, Untch M, Kossé V, et al, "Leuprorelin Acetate Every-3-Months Depot versus Cyclophosphamide, Methotrexate, and Fluorouracil as Adjuvant Treatment in Premenopausal Patients With Node-Positive Breast Cancer: the TABLE Study," J Clin Oncol, 2007, 25(18):2509-15
17. Chew D, Anderson J, Williams K, et al. Hormonal Treatment in Young People With Gender Dysphoria: A Systematic Review. Pediatrics 2018; 141.
18. Friedman AJ, Barbieri RL, Doubilet PM, et al. A randomized, double-blind trial of a gonadotropin releasing-hormone agonist (leuprolide) with or without medroxyprogesterone acetate in the treatment of leiomyomata uteri. Fertil Steril 1988; 49:404

Review History

06/19/19 – Reviewed

05/20/2020 – Reviewed May P&T Meeting; merged all Lupron criteria on to one document (excluding fertility); updated references; added started and stabilized statement

11/01/2020 – Added Fensolvi as a target product

07/20/22: Reviewed and Updated for July P&T; added Fensolvi to the dosing section. Added new formulation Camcevi to criteria. Added FDA approved indication Anemia caused by Uterine leiomyomata (fibroids). Effective 9/01/2022.

05/10/2023: Reviewed and Updated for May P&T; added statement that regimens being used in accordance with NCCN guidelines will be reviewed for medical necessity. Effective 7/1/2023