Totally Revised: 4/2019

SPECIALTY GUIDELINE MANAGEMENT
leuprolide acetate injection

An Age Limit Prior Authorization will be in place for members who are ages 0-18 years of age.

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. Prostate cancer: Leuprolide acetate is indicated in the palliative treatment of advanced prostate cancer.
2. Central precocious puberty (CPP): Leuprolide acetate is indicated in the treatment of children with central precocious puberty.
3. Endometriosis

B. Compendial Uses
1. Use as a stimulation test to confirm the diagnosis of CPP
2. Use in combination with growth hormone for children with growth failure and advancing puberty
3. Prostate cancer
4. Uterine Fibroids

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

II. EXCLUSIONS

Coverage will not be provided for members with prostate cancer if leuprolide acetate is used as neoadjuvant androgen deprivation therapy (ADT) for radical prostatectomy.

III. CRITERIA FOR INITIAL APPROVAL

A. Central precocious puberty (CPP)
1. Authorization up to age 12 (request to be submitted on a yearly basis) may be granted for the treatment of CPP in a female member when all of 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 (request to be submitted on a yearly basis) may be granted for the treatment of CPP in a male member when all of 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

B. Stimulation test for CPP diagnosis

Authorization of one dose may be granted for use as a stimulation test to confirm the diagnosis of CPP.

C. Advancing puberty and growth failure

Authorization of 12 months may be granted for the treatment of advancing puberty and growth failure in a pediatric member when leuprolide acetate is used in combination with growth hormone.

D. Prostate cancer

Authorization of 12 months may be granted for treatment of prostate cancer.

E. Endometriosis

Initial course of treatment is approved for 6 months

F. Uterine Fibroids

Initial course of treatment is approved for 1 month

IV. CONTINUATION OF THERAPY

A. Central precocious puberty

1. Authorization up to age 12 (request to be submitted on a yearly basis) may be granted for continuation of therapy for CPP in a female member if the member is currently less than 12 years of age.
2. Authorization up to age 13 (request to be submitted on a yearly basis) may be granted for continuation of therapy for CPP in a male member if the member is currently less than 13 years of age.

B. Prostate cancer, stimulation test for CPP diagnosis, advancing puberty and growth failure

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

C. Endometriosis

Continuation of therapy 6 months

D. Uterine Fibroids

Continuation of Therapy 1 month

I V. REFERENCES

II 1. Leuprolide acetate injection [package insert]. Princeton, NJ: Sandoz Inc.; August 2017.
III 2. Leuprolide acetate injection for pediatric use [package insert]. Princeton, NJ: Sandoz Inc.; May 2017.
IV 3. Micromedex Solutions [database online]. Ann Arbor, MI: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed February 22, 2018.
V 4. Carel J, Eugster EA, Rogol A, et al. Consensus statement on the use of gonadotropin-releasing hormone analogs in children. *Pediatrics.* 2009;123:e752-e762.
VI 5. Kletter GB, Klein KO, Wong YY. A pediatrician's guide to central precocious puberty. *Clin Pediatr.* 2015;54:414-424.
VII 6. Houk CP, Kunselman AR, Lee PA. Adequacy of a single unstimulated luteinizing hormone level to diagnose central precocious puberty in girls. *Pediatrics*. 2009;123:e1059-e1063.
VIII 7. Kaplowitz P, Bloch C, the Section on Endocrinology. Evaluation and referral of children with signs of early puberty. *Pediatrics.* 2016;137:e20153732.
IX Kamp GA, Mul D, Waelkens JJ, et al. A randomized controlled trial of three years growth hormone and gonadotropin-releasing hormone agonist treatment in children with idiopathic short stature and intrauterine growth retardation. *J Clin Endocrinol Metab*. 2001;86:2969-2975.
X 9. Mericq V, Cajardo H, Effers M, et al. Effects of treatment with GH alone or in combination with LHRH analog on bone mineral density in pubertal GH-deficient patients*. J Clin Endocrinol Metab.* 2002;87:84-89.
XI 10. Mul D, Wit JM, Oostdijk W, et al. The effect of pubertal delay by GnRH agonist in GH-deficient children on final height. *J Clin Endocrinol Metab.* 2001;86:4655-4656.
XII 11. Quintos JB, Vogiatzi MG, Harbison MD, et al. Growth hormone therapy alone or in combination with gonadotropin-releasing hormone analog therapy to improve the height deficit in children with congenital adrenal hyperplasia. *J Clin Endocrinol Metab*. 2001;86:1511-1517.
XIII 12. Tanaka T, Satoh M, Yasunaga T, et al. GH and GnRH analog treatment in children who enter puberty at short stature. *J Pediatr Endocrinol Metab*. 1997;10:623-628.

XIV 13. The NCCN Drugs & Biologics Compendium® © 2016 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed November 09, 2016.
XV 14. National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology: prostate cancer. Version 3.2016. http://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf. Accessed November 09, 2016.
XVI 15. Urman B, Yakin K. Ovulatory disorders and infertility. *J Reprod Med*. 2006;51(4):267-282.
XVII 16. National Collaborating Centre for Women's and Children's Health. Fertility: assessment and treatment for people with fertility problems (Clinical guideline no. 156). National Institute for Health and Clinical Excellence (NICE); 2013.
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