AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Lupron Depot (Prostate Cancer)	Page:	1 of 4
Effective Date:	8/19/2024	Last Review Date:	7/2024

Applies to:	☐Illinois	☐Florida	☐Michigan
	☒New Jersey	☐Maryland	☐Florida Kids
	☒Pennsylvania Kids	☐Virginia	☒Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Lupron Depot (Prostate Cancer) under the patient's prescription drug benefit.

Description:

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 Indication
Lupron Depot 1-Month 7.5 mg, Lupron Depot 3-Month 22.5 mg, leuprolide acetate depot 3-month 22.5 mg, Lupron Depot 4-Month 30 mg, and Lupron Depot 6-Month 45 mg are indicated in the treatment of advanced prostatic cancer.

B. Compendial Uses
1. Prostate cancer
2. Ovarian Cancer - Malignant sex cord-stromal tumors
3. Gender dysphoria (also known as gender non-conforming or transgender persons)

All other indications are considered experimental/investigational and not medically necessary.

Per state regulatory guidelines around gender dysphoria, age restrictions may apply.

Applicable Drug List:

Lupron Depot 1-Month 7.5 mg
Lupron Depot 3-Month 22.5 mg
Lupron Depot 4-Month 30 mg
Lupron Depot 6-Month 45 mg
leuprolide acetate depot 3-month 22.5 mg

Policy/Guideline:

Prescriber Specialty:
For gender dysphoria, the medication must be prescribed by or in consultation with a provider specialized in the care of transgender youth (e.g., pediatric endocrinologist, family or internal medicine physician, obstetrician-gynecologist) that has collaborated care with a mental health provider for patients less than 18 years of age.

Criteria for Initial Approval:

A. Prostate cancer

Authorization of 12 months may be granted for treatment of prostate cancer and the patient is unable to take leuprolide acetate injection kit 1mg/0.2mL or Eligard for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication.

B. Gender dysphoria

Requests for gender dysphoria do not require trial and failure of a preferred product.

1. Authorization of 12 months may be granted for pubertal hormonal suppression in an adolescent member when all of the following criteria are met:
   i. The member has a diagnosis of gender dysphoria.
   ii. The member is able to make an informed decision to engage in treatment
   iii. The member has reached Tanner stage 2 of puberty or greater.
   iv. The member's comorbid conditions are reasonably controlled.
   v. The member has been educated on any contraindications and side effects to therapy.
   vi. The member has been informed of fertility preservation options.
2. Authorization of 12 months may be granted for gender transition when all of the following criteria are met:
   i. The member has a diagnosis of gender dysphoria.
   ii. The member is able to make an informed decision to engage in treatment
   iii. The member will receive the requested medication concomitantly with gender-affirming hormones.
   iv. The member's comorbid conditions are reasonably controlled.
   v. The member has been educated on any contraindications and side effects to therapy.
   vi. The member has been informed of fertility preservation options.

C. Ovarian cancer

Authorization of 12 months may be granted for treatment of malignant sex cord-stromal tumors (granulosa cell tumors) as a single agent.

Continuation of Therapy:

A. Ovarian cancer

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

B. Prostate cancer

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization who are experiencing clinical benefit to therapy (e.g., serum

testosterone less than 50 ng/dL) and who have not experienced an unacceptable toxicity.

C. Gender dysphoria

Requests for gender dysphoria do not require trial and failure of a preferred product.

1. Authorization of 12 months may be granted for continued treatment for pubertal hormonal suppression in adolescent members requesting reauthorization when all of the following criteria are met:
   i. The member has a diagnosis of gender dysphoria.
   ii. The member is able to make an informed decision to engage in treatment
   iii. The member has previously reached Tanner stage 2 of puberty or greater.
   iv. The member's comorbid conditions are reasonably controlled.
   v. The member has been educated on any contraindications and side effects to therapy.
   vi. Before the start of therapy, the member has been informed of fertility preservation options.
2. Authorization of 12 months may be granted for continued treatment for gender transition in members requesting reauthorization when all of the following criteria are met:
   i. The member has a diagnosis of gender dysphoria.
   ii. The member is able to make an informed decision to engage in treatment
   iii. The member will receive the requested medication concomitantly with gender-affirming hormones.
   iv. The member's comorbid conditions are reasonably controlled.
   v. The member has been educated on any contraindications and side effects to therapy.
   vi. Before the start of therapy, the member has been informed of fertility preservation options**.**

Approval Duration and Quantity Restrictions:

Approval: 12 months

References:

1. Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg [package insert]. North Chicago, IL: AbbVie Inc.; December 2023.
2. Leuprolide acetate depot 22.5 mg [package insert]. Warren, NJ: Cipla USA, Inc.; November 2023.
3. The NCCN Drugs & Biologics Compendium® © 2024 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed February 6, 2024.
4. Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2017:102(11):3869–3903.

5. Gender Identity Research and Education Society. Guidance for GPs and other clinicians on the treatment of gender variant people. UK Department of Health. Published March 10, 2008.
6. Coleman E, Radix AE, Brown GR, et al. Standards of care for the health of transgender and gender diverse people, version 8. 2022;23(Suppl 1):S1-S259. doi: 10.1080/26895269.2022.2100644
7. Mahfouda S, Moore JK, Siafarikas A, et al. Puberty suppression in transgender children and adolescents. *Lancet Diabetes Endocrinol*. 2017;5:816-26.
8. Health Care for Transgender and Gender Diverse Individuals. ©2021 The American College of Obstetricians and Gynecologists. Available at: https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/03/health-care-for-transgender-and-gender-diverse-individuals.