

Title: leuprolide (Lupron) and histrelin (Supprelin LA)

Origination: 08/16/96	Revised: 05/28/08	Annual Review: 12/15/11
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Purpose:

To provide guidelines and criteria for the review and decision determination of requests for medications that requires prior authorization.

Background Information:

Medication Summary

- Lupron (leuprolide acetate) is a synthetic analog of the hormone gonadotropin-releasing hormone (GnRH or LH-RH) that acts as a potent inhibitor of gonadotropin secretion when given on a continuous basis. This suppression is reversible on discontinuation of the medication. Lupron is indicated for the treatment of central precocious puberty in children, the management of endometriosis including pain relief and reduction of endometriotic lesions, and the preoperative hematologic improvement of anemia caused by uterine leiomyomata when used concomitantly with iron therapy. Lupron is given once monthly or once every three (3) months as an intramuscular injection.
- Supprelin LA is a gonadotropin-releasing hormone agonist (GnRHa) that acts as an inhibitor of gonadotropin secretion when given on a continuous basis. Supprelin LA is indicated for the treatment of central precocious puberty in children. It is administered once per year as a subcutaneous implant.

Reference Statement

- Guidelines are compiled from available US Food and Drug Administration (FDA) approved indications, general practice guidelines, and/or evidence-based uses established through phase III clinical studies without published conflicting data. Only clinical studies published in their entirety in reputable peer-reviewed journals will be evaluated.

Eligibility Criteria

- Member must be eligible for benefit coverage within the specified date(s) of service.
- Prior authorization requests that do not meet clinical criteria in this Procedure will be forwarded to a Clinical Pharmacist for review.

Exclusion Criteria

- Undiagnosed abnormal vaginal bleeding.
- Member who is or may become pregnant or currently breast feeding.

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Background Information, continued:

Additional Information

- Requests received for Lupron or Supprelin LA **for Medicare Members** will be reviewed using CMS “LCD for Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (L29215)”; refer to Attachment A or view on-line at:
http://www.cms.hhs.gov/mcd/results_index.asp?from=%27Imrpcontractor%27&contractor=197&name=First+Coast+Service+Options%2C+Inc%2E+%2809102%2C+MAC+%2D+Part+B%29&letter_range=4&retired

Procedure:

- 1.0 Request for *initial therapy* with Lupron for **endometriosis** requires documentation from the Member’s medical records maintained by the requesting independent practitioner verifying the following:
 - 1.1 Provider is gynecologist or obstetrician; **AND**
 - 1.2 Confirmed diagnosis of endometriosis (via ultrasound, laparoscopy, etc); **AND**
 - 1.3 Moderate to severe pain secondary to endometriosis; **AND**
 - 1.4 Inadequate response to at least a three (3) month trial of hormonal therapy (i.e., medroxyprogesterone acetate or oral contraceptives);
OR
 - 1.4 Documented contraindication to hormonal therapy;
 - 1.5 If all criteria are met, may approve Lupron 3.75mg monthly (#6 injections) **OR** Lupron 11.25mg every three (3) months (#2 injections) for a total of six (6) months of therapy.

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Procedure, continued:

- 2.0 Request for *continuation of therapy* with Lupron for **endometriosis** requires documentation from the Member's medical records maintained by the requesting independent practitioner verifying the following:
- 2.1 Member still symptomatic with pain after initial six (6) months of therapy; **AND**
 - 2.2 Member is taking concurrent norethindrone therapy (unless contraindicated such as in cerebral apoplexy, thrombophlebitis, or thromboembolic disorders retreatment with Lupron is not recommended);
 - 2.3 If all criteria are met, may approve Lupron 3.75mg monthly (#6 injections) **OR** Lupron 11.25mg every three (3) months (#2 injections) for a total of six (6) months of additional therapy (**only 1 additional course of 6 months of therapy allowed**).

- 3.0 Request for *initial therapy* with Lupron for **uterine leiomyomata (fibroids)** requires documentation from the Member's medical records maintained by the requesting independent practitioner verifying the following:
- 3.1 Diagnosis of anemia secondary to confirmed diagnosis of uterine fibroids (via ultrasound, laparoscopy, etc.); **AND**
 - 3.2 Trial and failure of one month of iron therapy alone; **AND**
 - 3.3 Member is taking concurrent iron therapy;
 - 3.4 If all criteria are met, may approve Lupron 3.75mg monthly (#3 injections) **OR** Lupron 11.25mg every three (3) months (#1 injection) for up to a total of three (3) months of therapy.

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Procedure, continued:

- 4.0 Request for *continuation of therapy* with Lupron for **uterine leiomyomata (fibroids)** requires documentation from the Member's medical records maintained by the requesting independent practitioner verifying the following:
 - 4.1 Recurrence of anemia secondary to uterine fibroids; **AND**
 - 4.2 Member is scheduled for, but awaiting, surgery (i.e., hysterectomy, myomectomy or myolysis);
 - 4.3 If all criteria are met, may approve Lupron 3.75mg monthly (#3 injections) **OR** Lupron 11.25mg every three (3) months (#1 injection) for up to a total of three (3) months of additional therapy (**only 1 additional course of 3 months of therapy allowed**).

- 5.0 Request for *initial therapy* with Lupron or Supprelin LA for **central precocious puberty** requires documentation from the Member's medical records maintained by the requesting independent practitioner verifying the following:
 - 5.1 Provider is pediatric endocrinologist;
 - 5.2 Confirmed diagnosis of central precocious puberty as evidenced by:
 - 5.2.1 Females with:
 - 5.2.1.1 Onset of sexual characteristics earlier than eight (8) years of age; **AND**
 - 5.2.1.2 Early breast enlargement; **AND**
 - 5.2.1.3 Pubic and axillary hair; **OR**
 - 5.2.1.3 Axillary or body odor;
 - OR**
 - 5.2.1 Males with:
 - 5.2.1.1 Onset of sexual characteristics earlier than nine (9) years of age; **AND**
 - 5.2.1.2 Early testicular enlargement (length greater than 2.5cm or volume more than 4mL);

Procedure, continued:

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5.0 Request for *initial therapy* with Lupron or Supprelin LA for **central precious puberty** requires documentation from the Member’s medical records maintained by the requesting independent practitioner verifying the following, continued:

5.3 If all criteria are met, may approve Lupron or Supprelin LA for up to one (1) year using the following dosing:

Medication	Weight (in kg)	Dosing
Lupron	Less than 25kg	0.3mg/kg (minimum of 7.5mg) every 4 weeks (#12 injections)
	25-37.5kg	0.3mg/kg (minimum of 11.25mg) every 4 weeks (#12 injections)
	More than 37.5kg	0.3mg/kg (minimum of 15mg) every 4 weeks (#12 injections)
Supprelin LA		50mg (#1 subcutaneous implant only) every 12 months

6.0 Request for *continuation of therapy* with Lupron or Supprelin LA for **precocious puberty** requires documentation from the Member’s medical records maintained by the requesting independent practitioner verifying the following:

6.1 Female less than 11 years of age;
OR

6.1 Male less than 12 years of age;

6.2 If all criteria are met, may approve Lupron or Supprelin LA using dosing guidelines from chart in section 5.3 for up to one (1) year (or 11th birthday for females or 12th birthday for males).

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References:

1. American College of Obstetricians and Gynecologists (ACOG). Alternatives to hysterectomy in the management of leiomyomas. Washington, DC. Aug. 2008.
2. European Society of Human Reproduction and Embryology. ESHRE Guideline for the Diagnosis and Treatment of Endometriosis. Updated 30 June 2007.
3. Evans, P. and Brunzell, S. Uterine Fibroid Tumors: Diagnosis and Treatment. *Am Fam Physician*. 2007; 75: 1503-8.
4. Kaplowitz, PB. Precocious Puberty. emedicine from WebMD website. Available at: <http://emedicine.medscape.com/article/924002-overview>. June 2009. Accessed February 2010.
5. Lupron Depot (leuprolide acetate for depot suspension) prescribing information. Abbott Laboratories. North Chicago, IL. June 2008.
6. Royal College of Obstetricians and Gynaecologists (RCOG). The investigation and management of endometriosis. London (UK). Oct. 2006.
7. Supprelin LA (histrelin acetate) subcutaneous implant prescribing information. Endo Pharmaceuticals Solutions, Inc. Chadds Ford, PA. June 2009.

Disclaimer Information:

Prior Authorization criteria are developed to determine coverage for AvMed Health Plans' benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed Health Plans makes coverage decisions based on the Member's benefit plan contract and these criteria. This guideline sets forth concise clinical coverage criteria which have been developed from a review of current literature, policies of the FDA and other government agencies, and other appropriate references, in consultation and with approval from practicing physicians who are members of AvMed's Pharmacy and Therapeutic committee. Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change. The use of these criteria is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.