

## 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. Endometriosis

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 the painful symptoms of endometriosis and for management of recurrence of symptoms.

Use of norethindrone acetate in combination with Lupron Depot 3.75 mg and Lupron Depot 11.25 mg is referred to as add-back therapy, and is intended to reduce the loss of bone mineral density (BMD) and reduce vasomotor symptoms associated with use of Lupron Depot 3.75 mg and Lupron Depot 11.25 mg.

###### 2. Uterine Leiomyomata (Fibroids)

When used concomitantly with iron therapy, Lupron Depot 3.75 mg and Lupron Depot-3 Month 11.25 mg are indicated for preoperative hematologic improvement of women with anemia caused by fibroids for whom three months of hormonal suppression is deemed necessary. The clinician may wish to consider a one-month trial period on iron alone, as some women will respond to iron alone. Lupron Depot may be added if the response to iron alone is considered inadequate.

##### Limitations of Use:

For endometriosis: The total duration of therapy with Lupron Depot 3.75 mg and 11.25 mg plus add-back therapy should not exceed 12 months due to concerns about adverse impact on bone mineral density.

For uterine leiomyomata: Lupron Depot 3.75 mg and 11.25 mg are not indicated for combination use with norethindrone acetate add-back therapy for the preoperative hematologic improvement of women with anemia caused by heavy menstrual bleeding due to fibroids.

##### B. Compendial Uses

###### 1. Breast cancer

###### 2. Ovarian cancer – Epithelial ovarian cancer/fallopian tube cancer/primary peritoneal cancer, and less common ovarian cancers (grade 1 endometrioid carcinoma, low-grade serous carcinoma,

carcinosarcoma [malignant mixed Müllerian tumors], mucinous carcinoma of the ovary, or clear cell carcinoma of the ovary)

3. Androgen receptor positive salivary gland tumors
4. Preservation of ovarian function
5. Prevention of recurrent menstrual related attacks in acute porphyria

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

## II. PRESCRIBER SPECIALTIES

For prevention of recurrent menstrual related attacks in acute porphyria, this medication must be prescribed by or in consultation with a provider experienced in the management of porphyrias.

## III. 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

Authorization of 12 months may be granted for treatment of persistent disease or recurrence of any of the following types of ovarian cancer when used as a single agent:

1. Epithelial ovarian cancer
2. Fallopian tube cancer
3. Primary peritoneal cancer
4. Grade 1 endometrioid carcinoma
5. Low-grade serous carcinoma
6. Carcinosarcoma (malignant mixed Müllerian tumors)
7. Mucinous carcinoma of the ovary
8. Clear cell carcinoma of the ovary

### E. Salivary gland tumors

Authorization of 12 months may be granted for treatment of recurrent, unresectable, or metastatic salivary gland tumors as a single agent when the tumor is androgen receptor positive.

### 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.

#### IV. CONTINUATION OF THERAPY

##### 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. Breast cancer, ovarian cancer, and salivary gland tumors

Authorization of 12 months may be granted for continued treatment of breast cancer, ovarian cancer, and salivary gland tumors in members requesting reauthorization when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

##### D. All members (including new members) requesting authorization for continuation of therapy for the specified indications below must meet all initial authorization criteria:

1. Preservation of ovarian function
2. Prevention of recurrent menstrual related attacks in acute porphyria

#### V. REFERENCES

1. Lupron Depot 3.75 mg [package insert]. North Chicago, IL: AbbVie Inc.; October 2023.
2. Lupron Depot-3 Month 11.25 mg [package insert]. North Chicago, IL: AbbVie Inc.; October 2023.
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5. Marret H, Fritel X, Ouldamer L, et al. Therapeutic management of uterine fibroid tumors: updated French guidelines. *European Journal of Obstetrics and Gynecology and Reproductive Biology*. 2012;165:156-164.
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