# PREFERRED SPECIALTY MANAGEMENT POLICY

<b>POLICY:</b>	Oncology (Injectable) - Gonadotropin-Releasing Hormone Analogs Preferred Special						
	Management Policy						

- Camcevi<sup>™</sup> (leuprolide subcutaneous injection Accord)
- Eligard<sup>®</sup> (leuprolide acetate subcutaneous injection Tolmar)
- Firmagon<sup>®</sup> (degarelix subcutaneous injection Ferring)
- Leuprolide acetate subcutaneous injection generic only
- Leuprolide Depot (leuprolide acetate 22.5 mg for depot suspension [formerly Lutrate Depot] Cipla USA)
- Lupron Depot<sup>®</sup> (leuprolide acetate [7.5 mg, 22.5 mg, 30 mg, 45 mg] for depot intramuscular injection AbbVie)
- Trelstar<sup>®</sup> (triptorelin pamoate intramuscular injection Verity)

**REVIEW DATE:** 01/17/2024; selected revision 04/10/2024 (Effective 07/01/2024)

### **OVERVIEW**

Camcevi, Eligard, leuprolide acetate injection, Lupron Depot, Leuprolide Depot (formerly Lutrate Depot), and Trelstar are gonadotropin-releasing hormone (GnRH) agonists.<sup>1-3,5-8,10</sup> Firmagon is a GnRH receptor antagonist.<sup>4</sup> All of these agents are indicated for the treatment of **advanced prostate cancer**. Lupron Depot is available in different strengths; some strengths are indicated for the treatment of advanced prostate cancer and some strengths are indicated for the management of endometriosis and uterine leiomyomata.<sup>5-7</sup> In addition to the approved indications, Lupron Depot may be used for other conditions.

There are Prior Authorization criteria for Camcevi, Eligard, Firmagon, Lupron Depot, Leuprolide Depot (formerly Lutrate Depot), and Trelstar; for more information on criteria for these agents, refer to the respective *Prior Authorization Policies*. There are no Prior Authorization criteria for leuprolide acetate subcutaneous injection.

## Guidelines

The National Comprehensive Cancer Network Guidelines for Prostate Cancer (version 4.2023 – September 7, 2023) note androgen deprivation therapy as primary systemic therapy for regional or advanced disease and as neoadjuvant/concomitant/adjuvant therapy in combination with radiation in localized or locally advanced prostate cancers.<sup>9</sup> Many different drugs can be used as androgen deprivation therapy, including Camcevi, leuprolide acetate, Firmagon, and Trelstar.

#### **POLICY STATEMENT**

This Preferred Specialty Management program has been developed to encourage the use of the Preferred Products. For all medications (Preferred and Non-Preferred), the patient is required to meet the respective standard *Oncology (Injectable) – Gonadotropin-Releasing Hormone Analogs Prior Authorization Policy* or *Gonadotropin-Releasing Hormone Agonists – Injectable Long-Acting Products Prior Authorization Policy* criteria. This program also directs the patient to try one of the Preferred Products prior to the approval of a Non-Preferred Product. Requests for Non-Preferred Products will also be reviewed using the exception criteria (below). All approvals are provided for the duration noted below. If the patient meets the respective *Oncology (Injectable) – Gonadotropin-Releasing Hormone Agonists – Injectable Long-Acting Products Prior Authorization Policy* or *Gonadotropin-Releasing Hormone Agonists – Injectable Long-Acting Products Prior Authorization Policy* or *Gonadotropin-Releasing Hormone Agonists – Injectable Long-Acting Products Prior Authorization Policy* or *Gonadotropin-Releasing Hormone Agonists – Injectable Long-Acting Products Prior Authorization Policy* or *Gonadotropin-Releasing Hormone Agonists – Injectable Long-Acting Products Prior Authorization Policy* or *Gonadotropin-Releasing Hormone Agonists – Injectable Long-Acting Products Prior Authorization Policy* or *Gonadotropin-Releasing Hormone Agonists – Injectable Long-Acting Products Prior Authorization Policy* criteria but has not tried one of the Preferred Products, approval for one of the Preferred Products will be authorized.

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<u>Note</u>: Leuprolide acetate injection is <u>not</u> managed by a *Prior Authorization Policy*. This Preferred Specialty Management Policy will approve leuprolide acetate injection, without a trial of the Preferred Product(s), when it is prescribed for conditions <u>other than</u> prostate cancer. If leuprolide acetate injection is prescribed for infertility use, it will only be approved if the patient has infertility coverage.

Automation: None.

Preferred Product:	Eligard, Lupron Depot						
Non-Preferred Products:	Leuprolide	Depot	(formerly	Lutrate	Depot),	Camcevi,	Firmagon,
	leuprolide acetate injection, Trelstar						

### **Recommended Exception Criteria**

#### References

- 1. Eligard [prescribing information]. Fort Collins, CO: Tolmar Pharmaceuticals; July 2023.
- 2. Leuprolide acetate injection [prescribing information]. Princeton, NJ: Sandoz; January 2019.
- 3. Trelstar [prescribing information]. Wayne, PA: Verity Pharmaceuticals; November 2023.
- 4. Firmagon [prescribing information]. Parsippany, NJ: Ferring Pharmaceuticals; February 2020.
- 5. Lupron Depot 7.5 mg for 1 month, 22.5 mg for 3 month; 30 mg for 4-month, and 45 mg for 6-month administration [prescribing information]. North Chicago, IL: AbbVie; March 2019.
- 6. Lupron Depot<sup>®</sup> 3 Month 11.25 mg [prescribing information]. North Chicago, IL: AbbVie; March 2020.
- 7. Lupron Depot<sup>®</sup> 3.75 mg [prescribing information]. North Chicago, IL: AbbVie; February 2021.
- 8. Camcevi subcutaneous injection [prescribing information]. Durham, NC: Accord BioPharma; May 2021.
- The NCCN Prostate Cancer Clinical Practice Guidelines in Oncology (version 4.2023 September 7, 2023). © 2023 National Comprehensive Cancer Network. Available at: <u>http://www.nccn.org</u>. Accessed on January 12, 2024.
- 10. Lutrate Depot intramuscular injection [prescribing information]. Warren, NJ: Cipla USA; February 2023.

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