Subject: Gonadotropin-releasing hormone agonists and antagonists (leuprolide and others)*

Effective Date: May 1, 1999

Department(s) Utilization Management

Policy: Leuprolide (Lupron) or other injectable or implantable GnRH analogs are reimbursable for medically necessary indications delineated in this policy, under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to limit reimbursement for a class of drugs to medically necessary indications.

Procedure:

1. Reimbursable indications for Leuprolide or other GnRH analogs include, but are not limited to, the following:

   - Management of infertility (ICD-9 628.0 – 628.9; ICD-10 N97.0-N97.9) leuprolide, cetrorelix(Cetrotide), ganirelix
   - Prostatic cancer (ICD-9 185; ICD-10 C61) leuprolide, histrelin(Vantas), triptorelin(Trelstar), degarelix(Firmagon)
   - Endometriosis (ICD-9 617.0 – 617.9; ICD-10 N80.0-N80.9) goserelin(Zoladex), leuprolide, triptorelin
   - Uterine leiomyomata (ICD-9 218.0 – 218.9; ICD-10 D25.0-D25.9) leuprolide, triptorelin
- Polycystic ovary syndrome (ICD-9 256.4; ICD-10 E28.2) Leuprolide
- Central precocious puberty (ICD-9 259.1; ICD-10 E30.1) leuprolide, histrelin (Supprelin LA), triptorelin
- Dysfunctional uterine bleeding (ICD-9 626.8; ICD-10 N89.7, N92.5, N93.8) goserelin
- Premenopausal breast cancer (ICD-9 174.174.5; ICD-10 C50-C50.31) TNM stages pT1, pT2, or pT3 and pN0 or pN1mi, that is ER/PR positive, when used in combination with tamoxifen or an aromatase inhibitor as adjuvant endocrine therapy (goserelin and leuprolide)
- Metastatic breast cancer (ICD-9 174.9; ICD-10 C50.911-C50.919) leuprolide, goserelin
- Relapsed ovarian granulosa cell tumors (ICD-9 183.2; ICD-10 C56.1-C56.9) Leuprolide
- Recurrent ovarian cancer, fallopian and primary peritoneal cancer (ICD-9 183.0,183.2,158.8-158.9; ICD-10 C56.1-C56.9, C57.00-C57.02, C45.1, C48.1-C48.8) Leuprolide.

2. All requests for Leuprolide and other GnRH analogs must undergo medical review except when they are prescribed for management of infertility.

References

National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology-Ovarian Cancer Including Fallopian Tube cancer and Primary Peritoneal cancer Version 2.2015. accessed online 05/02/16 at nccn.org

National Comprehensive Cancer Network Clinical Practice Guidelines in Prostate Cancer Version 2.2016. accessed online 05/02/16 at nccn.org


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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.*