Subject: Lupron (Leuprolide) and other GnRH Analogs

Updated: December 9, 2008

Department(s) Utilization Management

Policy: Leuprolide (Lupron) or other 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)
   - Prostatic cancer (185)
   - Endometriosis (617.0 – 617.9)
   - Uterine leiomyomata (281.0 – 218.9)
   - Polycystic ovary syndrome (256.4)
   - Central precocious puberty (259.1)
   - Dysfunctional uterine bleeding (626.8)
   - Metastatic breast cancer (174.9)
   - Relapsed ovarian granulosa cell tumors (183.2 – 183.9)

2. All requests for Leuprolide and other GnRH analogs must undergo medical review except when they are prescribed for management of infertility.
3. Preparations of Leuprolide include, but are not limited to, the following:

Eligard; Lupron Depot-Ped; Lupron Depot; Lupron; Viadur

4. Other GnRH analogs include, but are not limited to, the following (brand names in parentheses):

Abarelix (Plenaxis); Cetrorelix (Cetrotide); Ganirelix (Follistim/Antagon; Goserein (Zoladex); Histrelin (Supprelin); Nafarelin (Synarel); Triptorelin (Trelstar Depot)

References


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