

Reference number(s)
1966-A, 2084-A

SPECIALTY GUIDELINE MANAGEMENT

ELIGARD (leuprolide acetate)

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 Indication

Palliative treatment of advanced prostate cancer

B. Compendial Uses

1. Prostate cancer
2. Metastatic androgen receptor positive salivary gland tumors
3. Gender Dysphoria (also known as gender non-conforming or transgender persons)

NOTE: Some plans may opt-out of coverage for gender dysphoria.

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

A. **Prostate cancer**

Authorization of 12 months may be granted for treatment of prostate cancer.

B. **Gender dysphoria**

1. Authorization of 12 months may be granted for pubertal suppression in preparation for gender reassignment in an adolescent member when all of the following criteria are met:
 - a. The member has a diagnosis of gender dysphoria.
 - b. The member has reached Tanner stage 2 of puberty.
2. Authorization of 12 months may be granted for gender reassignment in an adult member when all of the following criteria are met:
 - a. The member has a diagnosis of gender dysphoria.
 - b. The member will receive Eligard concomitantly with cross sex hormones.

C. **Salivary gland tumors**

Authorization of 12 months may be granted for treatment of metastatic salivary gland tumors when the tumor is androgen receptor positive.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

Reference number(s)
1966-A, 2084-A

IV. REFERENCES

1. Eligard [package insert]. For Collins, CO: Tolmar Pharmaceuticals; February 2019.
2. The NCCN Drugs & Biologics Compendium® © 2018 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed October 11, 2018.
3. National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology: prostate cancer. Version 4.2018. http://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf. Accessed October 11, 2018.
4. Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab*. 2017;102(11):3869–3903.
5. Gender Identity Research and Education Society. Guidance for GPs and other clinicians on the treatment of gender variant people. UK Department of Health. Published March 10, 2008.
6. Standards of care for the health of transsexual, transgender, and gender-nonconforming people, 7th version. ©2012 World Professional Association for Transgender Health. Available at <http://www.wpath.org>.
7. The NCCN Drugs & Biologics Compendium® © 2018 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed October 11, 2018.
8. National Comprehensive Cancer Network. NCCN clinical practice guidelines in oncology: head and neck tumors. Version 2.2018. http://www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf. Accessed October 11, 2018.