

## MED RX POLICY

- POLICY:** Oncology (Injectable) – Gonadotropin-Releasing Hormone Analogs Med Rx Policy
- Camcevi™ (leuprolide subcutaneous injection – Accord)
  - Eligard® (leuprolide acetate subcutaneous injection – Tolmar)
  - Firmagon® (degarelix subcutaneous injection – Ferring)
  - Lupron Depot® (leuprolide acetate [7.5 mg, 22.5 mg, 30 mg, 45 mg] for depot intramuscular injection – AbbVie)
  - Trelstar® (triptorelin pamoate intramuscular injection – Verity)

**REVIEW DATE:** 11/13/2024; selected revision 1/22/2025

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### OVERVIEW

Camcevi, Eligard, Lupron Depot, and Trelstar are gonadotropin-releasing hormone (GnRH) agonists.<sup>1-6</sup> Firmagon is a GnRH receptor antagonist.<sup>7</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>4-6</sup> In addition to the approved indications, Lupron Depot may be used for other conditions.

### Guidelines

The National Comprehensive Cancer Network Guidelines for Prostate Cancer (version 1.2025 – December 4, 2024) 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>8</sup> Many different drugs can be used as androgen deprivation therapy, including various leuprolide products (e.g., Camcevi, Eligard), Firmagon, and Trelstar.

### POLICY STATEMENT

This Med Rx 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 Utilization Management Medical Policy* or *Gonadotropin-Releasing Hormone Agonists – Injectable Long-Acting Products Utilization Management Medical 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.

**Automation:** None.

**Preferred Product:** Camcevi, Firmagon, Eligard  
**Non-Preferred Products:** Lupron Depot, Trelstar

## Recommended Exception Criteria

Non-Preferred Product	Exception Criteria
Lupron Depot	<p><b>1. <u>Prostate Cancer.</u></b> Approve for 1 year if the patient meets BOTH of the following (A <u>and</u> B):</p> <p><b>A)</b> Patient meets the standard <i>Gonadotropin-Releasing Hormone Agonists – Injectable Long-Acting Products Utilization Management Medical Policy</i> criteria; AND</p> <p><b>B)</b> Patient has tried one of Eligard, Firmagon, or Camcevi.  <u>Note:</u> A trial of Leuprolide Depot [Lutrate Depot], leuprolide acetate injection, Trelstar, or Orgovyx also counts.</p> <p><b>2. <u>Other Conditions.</u></b> For conditions other than prostate cancer, refer to the Lupron Depot criteria in the standard <i>Gonadotropin-Releasing Hormone Agonists – Injectable Long-Acting Products Utilization Management Medical Policy</i>.</p>
Trelstar	<p><b>1. <u>Prostate Cancer.</u></b> Approve for 1 year if the patient meets BOTH of the following (A <u>and</u> B):</p> <p><b>A)</b> Patient meets the standard <i>Oncology (Injectable) – Gonadotropin-Releasing Hormone Analogs Utilization Management Medical Policy</i> criteria; AND</p> <p><b>B)</b> Patient meets ONE of the following (i <u>or</u> ii):</p> <p><b>i.</b> Patient has tried one of Eligard, Firmagon, or Camcevi; OR  <u>Note:</u> A trial of Leuprolide Depot [Lutrate Depot], leuprolide acetate injection, Lupron Depot, or Orgovyx also counts.</p> <p><b>ii.</b> Patient has already been started on Trelstar and is continuing therapy.</p> <p><b>2. <u>Other Conditions.</u></b> For conditions other than prostate cancer, refer to the Trelstar criteria in the standard <i>Oncology (Injectable) – Gonadotropin-Releasing Hormone Analogs Utilization Management Medical Policy</i>.</p>

## REFERENCES

1. Camcevi subcutaneous injection [prescribing information]. Durham, NC: Accord BioPharma; March 2024.
2. Eligard [prescribing information]. Fort Collins, CO: Tolmar Pharmaceuticals; May 2024.
3. Trelstar [prescribing information]. Wayne, PA: Verity Pharmaceuticals; April 2024.
4. 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 2024.
5. Lupron Depot® – 3 Month 11.25 mg [prescribing information]. North Chicago, IL: AbbVie; March 2020.
6. Lupron Depot® – 3.75 mg [prescribing information]. North Chicago, IL: AbbVie; January 2023.
7. Firmagon [prescribing information]. Parsippany, NJ: Ferring Pharmaceuticals; February 2020.
8. The NCCN Prostate Cancer Clinical Practice Guidelines in Oncology (version 1.2025 – December 4, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on January 17, 2025.

## HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	Effective 01/01/2025	11/13/2024
Selected Revision	<b>Trelstar:</b> Added “Other Conditions” in exception criteria for non-Prostate Cancer approval based on medical policy criteria.	01/22/2025

11/13/2024

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