

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

OVERVIEW

Camcevi, Eligard, Lupron Depot, and Trelstar are gonadotropin-releasing hormone (GnRH) agonists.¹⁻⁶ Firmagon is a GnRH receptor antagonist.⁷ 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.⁴⁻⁶ 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.⁸ 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>1. <u>Prostate Cancer.</u> Approve for 1 year if the patient meets BOTH of the following (A <u>and</u> B):</p> <p>A) Patient meets the standard <i>Gonadotropin-Releasing Hormone Agonists – Injectable Long-Acting Products Utilization Management Medical Policy</i> criteria; AND</p> <p>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>2. <u>Other Conditions.</u> 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>1. <u>Prostate Cancer.</u> Approve for 1 year if the patient meets BOTH of the following (A <u>and</u> B):</p> <p>A) Patient meets the standard <i>Oncology (Injectable) – Gonadotropin-Releasing Hormone Analogs Utilization Management Medical Policy</i> criteria; AND</p> <p>B) Patient meets ONE of the following (i <u>or</u> ii):</p> <p>i. 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>ii. Patient has already been started on Trelstar and is continuing therapy.</p> <p>2. <u>Other Conditions.</u> 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	Trelstar: 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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