Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

LUPRON Products (leuprolide acetate)

GPI CODING:

Lupron
7.5 mg 21405010106410 (1-month)
22.5 mg 21405010156430 (3-month)
30 mg 214050102064** (4-month)
45mg 214050102564** (6-month)
Please note: 3.75, 11.25, and 15mg depot strengths are EXCLUDED.

Eligard
7.5 mg 21405010106415
22.5 mg 21405010156432 (3-months)
30 mg 21405010206435 (4-months)
45 mg 21405010256445 (6-months)

DESCRIPTION:

Eligard® and Lupron Depot® are long-acting injectable formulations of leuprolide acetate. Eligard has been chosen as the preferred product.

Product	Generic Name	Strengths	FDA-Approved Indication
Preferred Covered Product			
Eligard®	leuprolide acetate suspension for subcutaneous injection	• 7.5 mg • 22.5 mg • 30 mg • 45 mg	• Palliative treatment of advanced prostate cancer
Targeted Product			
Lupron Depot®	leuprolide acetate for depot suspension	• 7.5 mg • 22.5 mg • 30 mg • 45 mg	• Palliative treatment of advanced prostate cancer

The program targets Lupron Depot in the following strengths: 7.5 mg (1 month), 22.5 mg (3 months), 30 mg (4 months), and 45 mg (6 months). Other dosage forms and strengths of leuprolide (1 mg/0.2 mL) and Lupron Depot are excluded (3.75 mg, 11.25 mg, and Lupron Depot-PED® 7.5 mg, 11.25 mg, and 15 mg).

APPROVAL DURATION:

Approval duration: lifetime

CRITERIA FOR LUPRON PRODUCTS

I. A trial of Eligard is required when Lupron Depot is requested, with the following exceptions:
   A. Patient has a diagnosis of prostate cancer **AND**
   B. Patient tried Eligard but had an inadequate response (eg, unable to maintain castrate levels of testosterone)