Original Effective Date: 01/01/2022
Current Effective Date: 01/01/2026
Last P&T Approval/Version: 10/29/2025
Next Review Due By: 10/2026
Policy Number: C21782-A

Leuprolide Long Acting

(Camcevi, Eligard, Fensolvi, Lupron Depot, Lupron Depot Ped)

PRODUCTS AFFECTED

Camcevi (leuprolide injection emulsion), Eligard (Leuprolide Acetate), Fensolvi (leuprolide acetate), leuprolide acetate (3-month depot), Lupron Depot (leuprolide), Lupron Depot-Ped (leuprolide) Lutrate Depot (leuprolide)

COVERAGE POLICY

Coverage for services, procedures, medical devices, and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational, or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Advanced prostate cancer, Endometriosis, Anemia prior to uterine fibroid surgery, Precocious puberty, Premenopausal ovarian suppression in women with breast cancer, Prevention of chemotherapy induced premature ovarian insufficiency, Ovarian cancer, Transgender health

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. ADVANCED PROSTATE CANCER (J9217, J1952, J1954):
1. Documentation of a diagnosis of prostate cancer

B. ENDOMETRIOSIS (J1950 only):
1. Documentation of a diagnosis of endometriosis
AND
2. Documentation member has tried/failed or has an absolute contraindication to ALL of the following:
a) One formulary NSAID (i.e., Ibuprofen, naproxen),
AND
b) One formulary preferred oral estrogen-progestin contraceptive, or medroxyprogesterone, or norethindrone acetate

C. UTERINE LEIOMYOMATA (FIBROIDS) (J1950 only):
1. Documentation of uterine leiomyomas
AND
2. Documentation member is symptomatic
AND
3. Documentation requested therapy is being used for ONE of the following:
a) As preoperative therapy prior to surgery
OR
b) As transitional therapy for members in late perimenopause as they move to menopause

D. CENTRAL PRECOCIOUS PUBERTY (J1950, J1951):
1. Documented diagnosis of central precocious puberty and member is currently less than 13 years of age
AND
2. Documentation of an onset of secondary sexual characteristics before one of the following: Females ≤ 8 years of age OR Males ≤ 9 years of age

E. BREAST CANCER (J9217 or J1950):
1. Documentation of a diagnosis of ONE of the following
(i) Breast cancer in a pre-menopausal or peri-menopausal woman at diagnosis requiring ovarian suppression therapy
OR
(ii) Breast cancer in a man requiring adjuvant endocrine therapy

F. PREVENTION OF CHEMOTHERAPY–INDUCED PREMATURE OVARIAN INSUFFICIENCY (Ref 9-17):
1. Documentation member is post puberty
AND
2. Documentation member is undergoing premenopausal gonadotoxic therapy or gonadotoxic surgery
AND
3. Prescriber attests member is not a candidate for cryopreservation or is not eligible for cryopreservation [see Other Special Considerations for ASCO recommendations]

G. OVARIAN CANCER: Refer to Standard Oncology Criteria

H. TRANSGENDER HEALTH: Refer to Gender Dysphoria Hormone Therapy

CONTINUATION OF THERAPY:

A. ALL INDICATIONS:
1. Documentation of improvement and/or stabilization of disease due to long-acting leuprolide therapy or member continues on gonadotoxic chemotherapy

DURATION OF APPROVAL:
ADVANCED PROSTATE CANCER, BREAST CANCER: Initial authorization: 12 months, Continuation of Therapy: 12 months
CENTRAL PRECOCIOUS PUBERTY: Initial authorization: 12 months, Continuation of therapy: 12 months
ENDOMETRIOSIS: Initial authorization: 6 months, Continuation of Therapy: 6 months; Lifetime maximum: 12 months
UTERINE FIBROIDS: Initial authorization: 3 months, Continuation of Therapy: 3 months; Lifetime maximum: 6 months
PREVENTION OF CHEMOTHERAPY–INDUCED PREMATURE OVARIAN INSUFFICIENCY: Initial authorization: 6 months, Continuation of Therapy: 12 months

PRESCRIBER REQUIREMENTS:
Endometriosis, Uterine Fibroids: Prescribed by or in consultation with a gynecologist or specialist in women's health.
Precocious Puberty: Prescribed by or in consultation with a Pediatric Endocrinologist.
Oncology conditions: Prescribed by or in consultation with an Oncologist or specialist in cancer treatment (e.g., urologist for prostate cancer, etc.).
[If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests.]

AGE RESTRICTIONS:
Central Precocious Puberty: 2 years of age and older (LUPRON DEPO-PED, FENSOLVI)
Prevention Of Chemotherapy–Induced Premature Ovarian Insufficiency: Member must be post-puberty
All other indications: 18 years of age and older

QUANTITY:
Camcevi 42 mg 1 subcutaneous injection 168 days
Eligard 7.5 mg 1 injection 28 days
Eligard 22.5 mg 1 injection 84 days
Eligard 30 mg 1 injection 112 days
Eligard 45 mg 1 injection 168 days
Fensolvi 45mg 1 injection 168 days
Lupron Depot 1-Month 3.75 mg 1 injection 28 days
Lupron Depot 1-Month 7.5 mg 1 injection 28 days
Lupron Depot 3-Month 11.25 mg 1 injection 84 days
Lupron Depot 3-Month 22.5 mg 1 injection 84 days
Leuprolide Depot 3-Month 22.5 mg 1 injection 84 days
Lupron Depot 4-Month 30 mg 1 injection 112 days
Lupron Depot 6-Month 45 mg 1 injection 168 days
Lupron Depot-Ped 7.5 mg 1 injection 28 days
Lupron Depot-Ped 11.25 mg 1 injection 28 days
Lupron Depot-Ped 3-Month 11.25 mg 1 injection 84 days
Lupron Depot-Ped 15 mg 1 injection 28 days
Lupron Depot-Ped 3-Month 30 mg 1 injection 84 days
Lupron Depot-Ped 6-month 45 mg 1 injection 168 days
Lutrate Depot 3-Month 22.5 mg 1 injection 84 days

Maximum Quantity Limits – Per FDA labeling for products.

PLACE OF ADMINISTRATION:
The recommendation is that injectable medications in this policy will be for pharmacy or medical benefit coverage and the subcutaneous and intramuscular injectable products be administered in a place of service that is a non-hospital facility-based location.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Intramuscular Administration, Subcutaneous

DRUG CLASS:
LHRH Analogs, LHRH/GnRH Agonist Analog Pituitary Suppressants

FDA-APPROVED USES:
Advanced prostate cancer, Endometriosis and Uterine leiomyomata fibroids, Central precocious puberty

COMPENDIAL APPROVED OFF-LABELED USES:
Breast cancer, Premenopausal ovarian suppression; Recurrent, unresectable, or metastatic salivary gland tumors (with no surgery or RT option) with AR+ tumors (NCCN Head and Neck Cancers SALI-B)

APPENDIX

APPENDIX:
None

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:
Leuprolide is a synthetic nonapeptide analog of naturally occurring gonadotropin-releasing hormone or luteinizing hormone-releasing hormone (GnRH or LHRH), which possesses greater potency compared with the natural hormone (generally considered a GnRH agonist). It acts as a potent inhibitor of gonadotropin secretion when administered continuously in therapeutic doses. Following initial stimulation of gonadotropins, chronic administration of leuprolide leads to suppression of ovarian and testicular steroidogenesis. These effects are reversible after drug discontinuation.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:
All other uses of Leuprolide long acting are considered experimental/ investigational and therefore, will follow Molina's Off-Label policy. Contraindications to leuprolide include: hypersensitivity to GnRH, GnRH agonist analogs, or any of the excipients in the preparation, undiagnosed abnormal uterine bleeding, and pregnancy.

Exclusions/Discontinuation:
Requested use is for In vitro fertilization or infertility, hirsutism or menstrual migraine.

OTHER SPECIAL CONSIDERATIONS:
FERTILITY PRESERVATION:
Fertility Preservation in People with Cancer: American Society of Clinical Oncology Guideline Update 2025
Fertility preservation in females
Recommendation 4.1 Embryo cryopreservation: Embryo cryopreservation should be offered as it is an established fertility preservation method, and it has routinely been used for storing embryos after in vitro fertilization.

Recommendation 4.2. Mature oocyte cryopreservation: Cryopreservation of unfertilized oocytes should be offered as it is an established fertility preservation method and may be especially well suited to females who do not have a male partner, do not wish to use donor sperm, or have religious or ethical objections to embryo freezing. Oocyte cryopreservation should be performed in centers with the necessary expertise. Qualifying statement: Flexible ovarian stimulation protocols for oocyte collection are available. Timing of this procedure no longer depends on the menstrual cycle in most cases, and stimulation can be initiated with

less delay compared with older protocols. Thus, oocyte harvesting for the purpose of oocyte or embryo cryopreservation is now possible on a cycle day–independent schedule. Of special concern in estrogen-sensitive breast and gynecologic malignancies is the possibility that these fertility preservation interventions (e.g., ovarian stimulation regimens that increase estrogen levels) may increase the risk of cancer progression or recurrence. Aromatase inhibitor–based stimulation protocols are now well established and may alleviate these concern. In particular, there is no increased cancer recurrence risk as a result of aromatase inhibitor–supplemented ovarian stimulation.

Recommendation 4.3. Post-treatment setting: Embryo and oocyte cryopreservation for fertility preservation may be offered in the post-treatment setting to patients who did not undergo fertility preservation before their cancer treatment but are at risk of primary ovarian insufficiency or infertility. They may also be offered to survivors who previously underwent fertility preservation but may not have enough cryopreserved tissue to meet their desired family size, as well as for those who want or need to delay childbearing and consequently face the risk of age-related fertility decline, which may be accelerated in cancer survivors.

Recommendation 4.4. In vitro maturation (IVM): IVM of oocytes may be offered as an emerging FP method.

Recommendation 4.5. Ovarian transposition: Ovarian transposition (oophoropexy) may be offered to reproductive-aged patients when pelvic irradiation is required. However, because of radiation scatter, ovaries are not always protected, and patients should be aware that this technique is not always successful. Because of the risk of remigration of the ovaries, this procedure should be performed as close to the time of radiation treatment as possible.
Qualifying Statement: Ovarian transposition is not suitable for patients with a moderate or high risk of ovarian metastasis, or those receiving concomitant gonadotoxic chemotherapy.

Recommendation 4.6. Uterine transposition: Uterine transposition in reproductive-aged patients remains experimental and should be offered only as part of a clinical trial or approved experimental protocols.

Recommendation 4.7. Conservative gynecologic surgery: For patients with stage IA2 to IB1 cervical cancer, radical trachelectomy may be offered to preserve fertility if the tumor diameter is <2 cm and invasion depth is <10 mm. For patients with well-differentiated (grade 1) endometrial tumors with minimal myometrial invasion, as confirmed by magnetic resonance imaging, fertility-sparing surgery may be offered. Hormonal therapy using progestins, either orally or via an intrauterine device, is the primary fertility-preserving option for early-stage endometrial cancer. Patients with stage IA grade 1 epithelial ovarian cancer after thorough staging may be offered fertility-sparing surgery. Uterine preservation may be considered in other stages and grades to enable future use of assisted reproductive technologies. In other gynecologic malignancies, less radical surgeries may be offered to spare reproductive organs when clinically appropriate.

Recommendation 4.8. Ovarian suppression: Gonadotropin-releasing hormone agonists (GnRHa) should not be used in place of established fertility preservation methods such as oocyte, embryo, or ovarian tissue cryopreservation. GnRHa may be offered as an adjunct to females with breast cancer.
Beyond breast cancer, the potential benefits and risks of GnRHa warrant further investigation, and trials are encouraged.

Recommendation 4.9. Ovarian suppression: For patients with oncologic emergencies requiring urgent chemotherapy, GnRHa may be offered and can provide benefits such as menstrual suppression.

Recommendation 4.10. Ovarian tissue cryopreservation and transplantation: Ovarian tissue cryopreservation (OTC) for the purpose of future transplantation may be offered to patients with cancer as an established fertility preservation method. As it does not require ovarian stimulation, it can be performed immediately in those unable to delay chemotherapy. In addition, it does not require sexual maturity and hence may be the only method available in prepubertal patients. This method may also be offered as an emerging method to restore global ovarian function. While this option may be offered as an alternative to embryo or oocyte cryopreservation, it may also serve as an adjunct option.
Proceeding with OTC should be guided by patient preferences, clinical considerations, and individual circumstances including future flexibility, success rates, and legal considerations.

Fertility preservation in children

Recommendation 5.1. Clinicians should offer established methods of fertility preservation (e.g., semen or oocyte cryopreservation) in children and adolescents who have initiated puberty, with patient assent and parent or guardian consent. For prepubertal children, the only fertility preservation options are ovarian and testicular cryopreservation, the latter of which is currently investigational.

CODING/BILLING INFORMATION

CODING DISCLAIMER. *Codes listed in this policy are for reference purposes only and may not be all-inclusive or applicable for every state or line of business. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. Molina has the right to reject/deny the claim and recover claim payment(s) if it is determined it is not billed appropriately or not a covered benefit. Molina reserves the right to revise this policy as needed.*

HCPCS CODE	DESCRIPTION
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg
J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg
J1952	Leuprolide injectable, camcevi, 1 mg
J1954	Injection, leuprolide acetate for depot suspension (Cipla), 7.5 mg
J1954	Injection, leuprolide acetate for depot suspension (lutrate depot), 7.5 mg
J9217	Leuprolide acetate (for depot suspension), 7.5 mg

AVAILABLE DOSAGE FORMS:

Prostate cancer:
Eligard KIT 7.5MG
Eligard KIT 22.5MG
Eligard KIT 30MG
Eligard KIT 45MG
Lupron Depot (1-Month) KIT 7.5MG
Lupron Depot (3-Month) KIT 22.5MG
Lupron Depot (4-Month) KIT 30MG
Lupron Depot (6-Month) KIT 45MG
RECOMMEND USE OF J9217 FOR MEDICAL BILLING

Prostate cancer:
Camcevi 42 MG
RECOMMEND USE OF J1952 FOR MEDICAL BILLING

Prostate cancer:
Leuprolide Acetate INJ 22.5MG (3 Month)
Lutrate Depot INJ 22.5MG (3 Month)
RECOMMEND USE OF J1954 FOR MEDICAL BILLING

Drug and Biologic Coverage Criteria

Endometriosis and Uterine leiomyomata fibroids:
Lupron Depot (1-Month) KIT 3.75MG
Lupron Depot (3-Month) KIT 11.25MG
RECOMMEND USE OF J1950 FOR MEDICAL BILLING

Central Precocious puberty:
Lupron Depot-Ped (1-Month) KIT 11.25MG
Lupron Depot-Ped (1-Month) KIT 15MG
Lupron Depot-Ped (1-Month) KIT 7.5MG
Lupron Depot-Ped (3-Month) KIT 11.25MG (Ped)
Lupron Depot-Ped (3-Month) KIT 30MG (Ped)
Lupron Depot-Ped (6-month) KIT 45MG (Ped)
RECOMMEND USE OF J1950 FOR MEDICAL BILLING

Central Precocious puberty:
Fensolvi (6 Month) KIT 45MG (Ped)
RECOMMEND USE OF J1951 FOR MEDICAL BILLING

REFERENCES

1. Lupron Depot (leuprolide acetate for depot suspension) for intramuscular injection [prescribing information]. North Chicago, IL: AbbVie Inc; March 2024.
2. Lupron Depot 3.75mg (leuprolide acetate for depot suspension) for injection, for intramuscular use [prescribing information]. North Chicago, IL: AbbVie Inc; October 2023.
3. Lupron Depot 11.25mg (leuprolide acetate for depot suspension) for injection, for intramuscular use [prescribing information]. North Chicago, IL: AbbVie Inc; October 2023.
4. Lupron Depot-Ped (leuprolide acetate for depot suspension) for intramuscular use [prescribing information]. North Chicago, IL: AbbVie Inc; April 2023.
5. Leuprolide Acetate Injection Depot (leuprolide acetate for depot suspension) 22.5mg for intramuscular injection [prescribing information]. Warren, NJ: Cipla USA, Inc.; August 2024.
6. Camcevi (leuprolide) injectable emulsion, for subcutaneous use [prescribing information], Durham, NC: Accord BioPharma Inc., February 2025.
7. Fensolvi (leuprolide acetate) for injectable suspension, for subcutaneous use [prescribing information]. Fort Collins, CO: Tolmar; October 2024.
8. Lutrate Depot (leuprolide acetate), for depot suspension 22.5mg for intramuscular injection [prescribing information]. New Jersey: Avyxa Pharma, LLC; November 2024.
9. Peccatori FA, Azim HA Jr, Orecchia R, et al: Cancer, pregnancy and fertility: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol 24:vi160-vi170, 2013(suppl 6)
10. Loren AW, Mangu PB, Beck LN, et al: Fertility preservation for patients with cancer: American Society of Clinical Oncology clinical practice guideline update. J Clin Oncol 31:2500-2510, 2013
11. Blumenfeld Z, Katz G, Evron A: 'An ounce of prevention is worth a pound of cure': The case for and against GnRH-agonist for fertility preservation. Ann Oncol 5:1719-1728, 2014
12. Blumenfeld Z, von Wolff M: GnRH-analogues and oral contraceptives for fertility preservation in women during chemotherapy. Hum Reprod Update 14: 543-552, 2008
13. Lambertini M, Ceppi M, Poggio F, et al: Ovarian suppression using luteinizing hormone releasing hormone agonists during chemotherapy to preserve ovarian function and fertility of breast cancer patients: A meta-analysis of randomized studies. Ann Oncol 26:2408-2419, 2015
14. Blumenfeld, Z. (2018). Fertility Preservation by Endocrine Suppression of Ovarian Function Using Gonadotropin-Releasing Hormone Agonists: The End of the Controversy? Journal Of Clinical Oncology, 36(19), 1895-1897. doi: 10.1200/jco.2018.78.9347
15. Oktay K, Harvey BE, Partridge AH, et al. Fertility Preservation in Patients with Cancer: ASCO Clinical Practice Guideline Update. J Clin Oncol 2018;36:1994.
16. Ethics Committee of the American Society for Reproductive Medicine. Electronic address: ASRM@asrm.org. Fertility preservation and reproduction in patients facing gonadotoxic therapies: an Ethics Committee opinion. Fertil Steril 2018; 110:380.
17. Su, H. I., Lacchetti, C., Letourneau, J., Partridge, A. H., Qamar, R., Quinn, G. P., … Loren, A. W. (2025).

Fertility Preservation in People With Cancer: ASCO Guideline Update. Journal of Clinical Oncology, 43(12). https://doi.org/10.1200/jco-24-02782
18. National Comprehensive Cancer Network Guidelines Version 2.2018. Breast Cancer.www.nccn.org. Accessed 04/2019.
19. National Comprehensive Cancer Network Guidelines Version 4.2018. Prostate Cancer. www.nccn.org. Accessed 04/2019.
20. National Comprehensive Cancer Network. 2023. Breast Cancer (Version 4.2023). [online] Available at: <breast.pdf (nccn.org)> [Accessed 17 May 2023].
21. National Comprehensive Cancer Network. 2023. Prostate Cancer (Version 1.2023). [online] Available at: <prostate.pdf (nccn.org)> [Accessed 17 May 2023].
22. Management of Symptomatic Uterine Leiomyomas: ACOG Practice Bulletin, Number 228. (2021). Obstetrics & Gynecology, 137(6), e100–e115. https://doi.org/10.1097/aog.0000000000004401
23. National Comprehensive Cancer Network. 2024. Breast Cancer (Version 3.2024). [online] Available at: <breast.pdf (nccn.org)> [Accessed 27 June 2024].
24. National Comprehensive Cancer Network. 2024. Prostate Cancer (Version 4.2024). [online] Available at: <prostate.pdf (nccn.org)> [Accessed 27 June 2024].
25. Kaplowitz, P., Bloch, C., & Endocrinology, the S. O. (2016). Evaluation and Referral of Children With Signs of Early Puberty. Pediatrics, 137(1). https://doi.org/10.1542/peds.2015-3732
26. National Comprehensive Cancer Network. 2025. Head and Neck Cancers (Version 4.2025). [online] Available at: < head-and-neck.pdf (nccn.org)> [Accessed 22 June 2025].
27. National Comprehensive Cancer Network. 2025. Breast Cancer (Version 4.2025). [online] Available at: <breast.pdf (nccn.org)> [Accessed 22 June 2025].
28. National Comprehensive Cancer Network. 2025. Prostate Cancer (Version 2.2025). [online] Available at: <prostate.pdf (nccn.org)> [Accessed 22 June 2025].

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Continuation of Therapy Duration of Approval References	Q3 2024
REVISION- Notable revisions: Continuation of Therapy Duration of Approval References	Q1 2024
REVISION- Notable revisions: Products Affected Required Medical Information Continuation of Therapy Duration of Approval Prescriber Requirements Quantity Place of Administration Appendix Coding/Billing Information Available Dosage Forms References	Q3 2023
REVISION- Notable revisions: Products Affected Required Medical Information Prescriber Requirements Quantity Coding/Billing Information Available Dosage Forms References	Q3 2022

Q2 2022 Established tracking in new format	Historical changes on file