



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Lupron Depot (Endometriosis-Fibroids) Page: 1 of 7

Effective Date: 10/10/2025 Last Review Date: 9/2025

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Lupron Depot (Endometriosis-Fibroids) under the patient's prescription drug benefit.

Description:

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.

FDA-Approved Indications^{1,2}

Endometriosis

Lupron Depot 3.75 mg and Lupron Depot-3 Month 11.25 mg are indicated for management of endometriosis, including pain relief and reduction of endometriotic lesions. Lupron Depot 3.75 mg monthly and Lupron Depot-3 Month 11.25 mg with norethindrone acetate 5 mg daily are also indicated for initial management of the painful symptoms of endometriosis and for management of recurrence of symptoms.

Use of norethindrone acetate in combination with Lupron Depot 3.75 mg and Lupron Depot 11.25 mg is referred to as add-back therapy, and is intended to reduce the loss of bone mineral density (BMD) and reduce vasomotor symptoms associated with use of Lupron Depot 3.75 mg and Lupron Depot 11.25 mg.

Uterine Leiomyomata (Fibroids)

When used concomitantly with iron therapy, Lupron Depot 3.75 mg and Lupron Depot-3 Month 11.25 mg are indicated for preoperative hematologic improvement of women with anemia caused by fibroids for whom three months of hormonal suppression is deemed necessary. The clinician may wish to consider a one-month trial period on iron alone, as some women will respond to iron alone. Lupron Depot may be added if the response to iron alone is considered inadequate.

For uterine leiomyomata: Lupron Depot 3.75 mg and 11.25 mg are not indicated for combination use with norethindrone acetate add-back therapy for the preoperative hematologic improvement of women with anemia caused by heavy menstrual bleeding due to fibroids.

This section of the document is organized by the drug or drugs covered by this criteria. Limitations of use for the drug are also identified here.

Compendial Uses

- Breast cancer³



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Lupron Depot (Endometriosis-Fibroids) Page: 2 of 7

Effective Date: 10/10/2025 Last Review Date: 9/2025

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

- Ovarian cancer – Epithelial ovarian cancer/fallopian tube cancer/primary peritoneal cancer, and less common ovarian cancers (grade 1 endometrioid carcinoma, low-grade serous carcinoma, carcinosarcoma [malignant mixed Müllerian tumors], mucinous carcinoma of the ovary, or clear cell carcinoma of the ovary)³
- Recurrent androgen receptor positive salivary gland tumors^{3,15}
- Gender dysphoria (also known as transgender and gender diverse [TGD] persons)⁶⁻⁸
- Preservation of ovarian function^{9,10}
- Prevention of recurrent menstrual related attacks in acute porphyria^{11,12}
- Uterine Sarcoma³

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Lupron Depot 1-Month 3.75 mg
Lupron Depot 3-Month 11.25 mg

Policy/Guideline:

Prescriber Specialties^{11,12-14}

Gender dysphoria

The medication must be prescribed by or in consultation with a provider specialized in the care of transgender youth (e.g., pediatric endocrinologist, family or internal medicine physician, obstetrician-gynecologist) that has collaborated care with a mental health provider for members less than 18 years of age.

Prevention of recurrent menstrual related attacks in acute porphyria

The medication must be prescribed by or in consultation with a provider experienced in the management of porphyrias.

Coverage Criteria

Endometriosis^{1,2}

Authorization of up to 6 months (one treatment course) may be granted to members for initial treatment of endometriosis.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Lupron Depot (Endometriosis-Fibroids) Page: 3 of 7

Effective Date: 10/10/2025 Last Review Date: 9/2025

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

Uterine leiomyomata (fibroids)^{1,2,4,5}

Authorization of up to 3 months may be granted for initial treatment of uterine leiomyomata (fibroids) when either of the following criteria is met:

- Member has anemia due to uterine leiomyomata.
- Lupron Depot will be used prior to surgery for uterine leiomyomata.

Breast cancer³

Authorization of 12 months may be granted for treatment of hormone receptor-positive breast cancer.

Ovarian cancer³

Authorization of 12 months may be granted for treatment of persistent disease or recurrence of any of the following types of ovarian cancer when used as a single agent:

- Epithelial ovarian cancer
- Fallopian tube cancer
- Primary peritoneal cancer
- Grade 1 endometrioid carcinoma
- Low-grade serous carcinoma
- Carcinosarcoma (malignant mixed Müllerian tumors)
- Mucinous carcinoma of the ovary
- Clear cell carcinoma of the ovary

Salivary gland tumors^{3,15}

Authorization of 12 months may be granted for treatment of recurrent, unresectable, or metastatic salivary gland tumors as a single agent or in combination with abiraterone and prednisone when the tumor is androgen receptor positive.

Gender dysphoria^{6-8,13}

Authorization of 12 months may be granted for pubertal hormonal suppression in an adolescent member when all of the following criteria are met:

- The member has a diagnosis of gender dysphoria.
- The member is able to make an informed decision to engage in treatment.
- The member has reached Tanner stage 2 of puberty or greater.
- The member's comorbid conditions are reasonably controlled.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Lupron Depot (Endometriosis-Fibroids)	Page:	4 of 7
Effective Date:	10/10/2025	Last Review Date:	9/2025
Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

- The member has been educated on any contraindications and side effects to therapy.
- The member has been informed of fertility preservation options.

Authorization of 12 months may be granted for gender transition when all of the following criteria are met:

- The member has a diagnosis of gender dysphoria.
- The member is able to make an informed decision to engage in treatment.
- The member will receive the requested medication concomitantly with gender-affirming hormones.
- The member's comorbid conditions are reasonably controlled.
- The member has been educated on any contraindications and side effects to therapy.
- The member has been informed of fertility preservation options.

Preservation of ovarian function^{9,10}

Authorization of 3 months may be granted for preservation of ovarian function when the member is premenopausal and undergoing chemotherapy.

Prevention of recurrent menstrual related attacks in acute porphyria^{11,12}

Authorization of 12 months may be granted for prevention of recurrent menstrual related attacks in members with acute porphyria.

Uterine Sarcoma³

Authorization of 12 months may be granted for treatment of uterine sarcoma in combination with an aromatase inhibitor (e.g. anastrozole, letrozole, exemestane) when the member is premenopausal and not suitable for surgery.

Continuation of Therapy

Endometriosis^{1,2}

Authorization of up to 6 months (for a lifetime maximum of 12 months total) may be granted for retreatment of endometriosis when both of the following criteria are met:

- The member has had a recurrence of symptoms.
- The member has a bone mineral density within normal limits.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Lupron Depot (Endometriosis-Fibroids)	Page:	5 of 7
Effective Date:	10/10/2025	Last Review Date:	9/2025
Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

Uterine leiomyomata (fibroids)^{1,2,4,5}

Authorization of up to 3 months (for a lifetime maximum of 6 months total) may be granted when either of the following criteria is met:

- Member has anemia due to uterine leiomyomata,
- Lupron Depot will be used prior to surgery for uterine leiomyomata.

Breast cancer, ovarian cancer, salivary gland tumors, and uterine sarcoma³

Authorization of 12 months may be granted for continued treatment of breast cancer, ovarian cancer, and salivary gland tumors in members requesting reauthorization when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Gender dysphoria^{13,14}

Authorization of 12 months may be granted for continued treatment for pubertal hormonal suppression in adolescent members requesting reauthorization when all of the following criteria are met:

- The member has a diagnosis of gender dysphoria.
- The member is able to make an informed decision to engage in treatment.
- The member has previously reached Tanner stage 2 of puberty or greater.
- The member's comorbid conditions are reasonably controlled.
- The member has been educated on any contraindications and side effects to therapy.
- Before the start of therapy, the member has been informed of fertility preservation options.

Authorization of 12 months may be granted for continued treatment for gender transition in members requesting reauthorization when all of the following criteria are met:

- The member has a diagnosis of gender dysphoria.
- The member is able to make an informed decision to engage in treatment.
- The member will receive requested medication concomitantly with gender-affirming hormones.
- The member's comorbid conditions are reasonably controlled.
- The member has been educated on any contraindications and side effects to therapy.
- Before the start of therapy, the member has been informed of fertility preservation options.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Lupron Depot (Endometriosis-Fibroids) Page: 6 of 7

Effective Date: 10/10/2025 Last Review Date: 9/2025

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

Preservation of Ovarian Function and Prevention of Recurrent Menstrual Related Attacks in Acute Porphyria

All members (including new members) requesting authorization for continuation of therapy must meet all requirements in the coverage criteria section.

Other

Per state regulatory guidelines around gender dysphoria, age restrictions may apply.

Approval Duration and Quantity Restrictions:

Approval:

- Endometriosis – up to 6 months for a lifetime maximum of 12 months total
- Uterine leiomyomata (fibroids) – up to 3 months for a lifetime maximum of 6 months total
- Breast cancer, ovarian cancer, and salivary gland tumors, uterine sarcoma, gender dysphoria, prevention of recurrent menstrual related attacks in acute porphyria – 12 months
- Preservation of ovarian function in patients with cancer – 3 months

References:

1. Lupron Depot 3.75 mg [package insert]. North Chicago, IL: AbbVie Inc.; October 2023.
2. Lupron Depot-3 Month 11.25 mg [package insert]. North Chicago, IL: AbbVie Inc.; October 2023.
3. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed May 14, 2025.
4. Management of symptomatic uterine leiomyomas: ACOG Practice Bulletin No. 228. American College of Obstetricians and Gynecologists. *Obstet Gynecol.* 2021 June 1;137(6):e100–e115.
5. Marret H, Fritel X, Ouldamer L, et al. Therapeutic management of uterine fibroid tumors: updated French guidelines. *European Journal of Obstetrics and Gynecology and Reproductive Biology.* 2012;165:156–164.
6. 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.
7. 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.
8. Coleman E, Radix AE, Brown GR, et al. Standards of care for the health of transgender, and gender-diverse people, version. 8. 2022 ;23(Suppl 1): S1-S259. doi: 10.1080/26895269.2022.2100644
9. Oktay K, Harvey BE, Partridge AH, et al. Fertility preservation in patients with cancer: ASCO Clinical Practice Guideline Update. *J Clin Oncol.* 2018 Jul 1;36(19):1994–2001.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Lupron Depot (Endometriosis-Fibroids)	Page:	7 of 7
Effective Date:	10/10/2025	Last Review Date:	9/2025
Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

10. Clowse MEB, Behera MA, Anders CK, et al. Ovarian preservation by GnRH agonists during chemotherapy: a meta-analysis. *J Womens Health (Larchmt)*. 2009 Mar; 18(3): 311–319. doi:10.1089/jwh.2008.0857
11. Stein P, Badminton M, Barth J, et al. British and Irish Porphyria Network. Best practice guidelines on clinical management of acute attacks of porphyria and their complications. *Ann Clin Biochem*. 2013 May;50(Pt 3):217-23.
12. Innala E, Bäckström T, Bixo M, et al. C. Evaluation of gonadotrophin-releasing hormone agonist treatment for prevention of menstrual-related attacks in acute porphyria. *Acta Obstet Gynecol* 2010;89:95–100.
13. Mahfouda S, Moore JK, Siafarikas A, et al. Puberty suppression in transgender children and adolescents. *Lancet Diabetes Endocrinol*. 2017; 5: 816–26.
14. Health Care for Transgender and Gender Diverse Individuals. ©2021 The American College of Obstetricians and Gynecologists. Available at: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/03/health-care-for-transgender-and-gender-diverse-individuals>.
15. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Head and Neck Cancers. Version 2.2025. Accessed February 15, 2025. https://www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf.