AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Lupron Depot-PED	Page:	1 of 2
Effective Date:	7/11/2025	Last Review Date:	5/29/2025
Applies to:	☒Florida Kids ☒Maryland ☒Virginia		

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Lupron Depot-PED 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 Indication
Lupron Depot-PED is indicated for the treatment of pediatric patients with central precocious puberty (CPP).

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

Applicable Drug List:

Lupron Depot-PED

Policy/Guideline:

Documentation:
Submission of the following information is necessary to initiate the prior authorization review: For central precocious puberty, laboratory report or medical record of a pubertal response to a gonadotropin releasing hormone (GnRH) agonist test or a pubertal level of a third-generation luteinizing hormone (LH) assay.

Criteria for Initial Approval:

Central precocious puberty (CPP)
Authorization of 12 months may be granted for treatment of CPP when ALL of the following criteria are met:

- The diagnosis of CPP has been confirmed by a pubertal response to a gonadotropin releasing hormone (GnRH) agonist test or a pubertal level of a third-generation luteinizing hormone (LH) assay.
- The assessment of bone age versus chronological age supports the diagnosis of CPP.
- The member meets either of the following criteria:
  - The member is a female and was less than 8 years of age at the onset of secondary sexual characteristics.

  - The member is a male and was less than 9 years of age at the onset of secondary sexual characteristics.
- The pathologic cause of CPP has been assessed (e.g., imaging screening for intracranial tumors, genetic testing for familial CPP [e.g., MKRN3 or DLK1 mutations]).

Continuation of Therapy:

Central precocious puberty (CPP)
Authorization of up to 12 months may be granted for continued treatment for CPP when the member meets ALL of the following criteria:
- The member is currently receiving the requested medication through a paid pharmacy or medical benefit.
- The member is either a female less than 12 years of age or a male less than 13 years of age.
- The member is not experiencing treatment failure (e.g., clinical pubertal progression, lack of growth deceleration, continued excessive bone age advancement).

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 months

References:

1. Lupron Depot-PED [package insert]. North Chicago, IL: AbbVie Inc.; April 2023.
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3. Carel J, Eugster EA, Rogol A, et al. Consensus statement on the use of gonadotropin-releasing hormone analogs in children. Pediatrics. 2009;123:e752-e762.
4. Bangalore Krishna K, Fuqua JS, Rogol AD, et al. Use of gonadotropin-releasing hormone analogs in children: Update by an international consortium. Horm Res Paediatr. 2019;91(6):357-372.
5. Bangalore Krishna K, Silverman LA. Diagnosis of central precocious puberty. Endocrinol Metab Clin North Am. 2024;53(2):217-227.
6. Kaplowitz P, Bloch C, the Section on Endocrinology. Evaluation and referral of children with signs of early puberty. Pediatrics. 2016;137:e20153732.
7. Cheuiche AV, da Silveira LG, de Paula LCP, et al. Diagnosis and management of precocious sexual maturation: an updated review. Eur J Pediatr. 2021;180(10):3073-3087.
8. Popovic J, Geffner ME, Rogol AD, et al. Gonadotropin-releasing hormone analog therapies for children with central precocious puberty in the United States. Front Pediar. 2022;10:968485. doi:10.3389/fped.2022.968485