

Leuprolide Suspension: Camcevi[®], Eligard[®], Fensolvi[®], Leuprolide Acetate Depot, Lupron Depot[®], Lupron Depot-Ped[®], Lutrate Depot[®], Vabrinty™ (Intramuscular/Subcutaneous)

Document Number: IC-0080

Last Review Date: 09/04/2025

Date of Origin: 11/28/2011

Dates Reviewed: 12/2011, 03/2012, 06/2013, 09/2012, 12/2012, 03/2013, 06/2013, 09/2013, 12/2013, 03/2014, 06/2014, 09/2014, 12/2014, 03/2015, 05/2015, 08/2015, 11/2015, 02/2016, 5/2016, 8/2016, 11/2016, 2/2017, 5/2017, 8/2017, 11/2017, 02/2018, 05/2018, 04/2019, 04/2020, 06/2020, 04/2021, 07/2021, 08/2021, 03/2022, 10/2022, 01/2023, 04/2023, 05/2023, 04/2024, 05/2025, 07/2025, 09/2025

I. Length of Authorization

- Initial: Prior authorization validity will be provided initially for 12 months, unless otherwise specified.
 - Endometriosis: Prior authorization validity will be provided initially for 6 months.
 - Prevention/Management of Menstrual Bleeding Associated with Hematopoietic Stem Cell Transplant (HCT): Prior authorization validity will be provided for 6 months.
 - Uterine Leiomyomata (fibroids): Prior authorization validity will be provided for 3 months.
- Renewal: Prior authorization validity may be renewed every 12 months thereafter, unless otherwise specified.
 - Endometriosis: Prior authorization validity may be renewed up to one time only for 6 months.
 - Prevention/Management of Menstrual Bleeding Associated with Hematopoietic Stem Cell Transplant: Prior authorization validity may NOT be renewed.
 - Uterine Leiomyomata (fibroids): Prior authorization validity may NOT be renewed.
 - Fertility Preservation While Receiving Chemotherapy: Prior authorization validity may be renewed every 12 months thereafter, while patient is receiving concomitant cytotoxic chemotherapy.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

J1950

- Endometriosis, Uterine Leiomyomata (fibroids), Gender Dysphoria: 3 billable units every 84 days
- Breast Cancer, Ovarian/Fallopian Tube/Primary Peritoneal Cancer, Uterine Neoplasms - Uterine Sarcoma: 6 billable units every 84 days
- Central Precocious Puberty (CPP): 24 billable units every 168 days

- Prevention/Management of Menstrual Bleeding Associated with HCT, Fertility Preservation While Receiving Chemotherapy: 1 billable unit every 28 days

J1951

- Central Precocious Puberty (CPP), Gender Dysphoria: 180 billable units every 168 days

J1952

- Prostate Cancer, Head and Neck Cancer: 42 billable units every 168 days

J1954

- Prostate Cancer, Head and Neck Cancer: 3 billable units every 84 days

J9217

- Breast Cancer, Head and Neck Cancer, Ovarian/Fallopian Tube/Primary Peritoneal Cancer, Uterine Neoplasms - Uterine Sarcoma: 3 billable units every 84 days
- Prostate Cancer: 12 billable units every 336 days

III. Initial Approval Criteria

Prior authorization validity is provided in the following conditions:

- Patient is at least 18 years of age (unless otherwise specified); **AND**

Central Precocious Puberty (CPP)^{3,6,15,21-23} † Φ (J1950 and J1951)

- | |
|---|
| <ul style="list-style-type: none"> • Patient must have a contraindication, intolerance, or failure to Leupron Depot-Ped[®], Supprelin[®] LA, AND Triptodur[®] prior to consideration of Fensolvi[®]; AND |
|---|
- Patient is less than 13 years of age; **AND**
 - Onset of secondary sexual characteristics earlier than age 8 for females and 9 for males associated with pubertal pituitary gonadotropin activation; **AND**
 - Diagnosis is confirmed by pubertal gonadal sex steroid levels and a pubertal luteinizing hormone (LH) response to stimulation by native growth hormone-releasing hormone (GnRH); **AND**
 - Bone age advanced greater than 2 standard deviations (SD) beyond chronological age; **AND**
 - Tumor has been ruled out by lab tests such as diagnostic imaging of the brain (to rule out intracranial tumor), pelvic/testicular/adrenal ultrasound (to rule out steroid secreting tumors), and human chorionic gonadotropin levels (to rule out a chorionic gonadotropin secreting tumor); **AND**
 - Will not be used in combination with growth hormone

Endometriosis^{1,2,13} † (J1950)

- Patient's diagnosis has been confirmed by a workup/evaluation (versus presumptive treatment)

Uterine Leiomyomata (fibroids)^{1,2,14,37} † (J1950)

- Patient's diagnosis has been confirmed by a workup/evaluation (versus presumptive treatment); **AND**

- Patient is receiving iron therapy

Breast Cancer^{11,12,16,17} ‡ (J9217 and J1950)

- Patient is a premenopausal woman; **AND**
 - Disease is hormone receptor-positive; **AND**
 - Used in combination with adjuvant endocrine therapy; **OR**
 - Used in combination with endocrine therapy for recurrent unresectable (local or regional) or stage IV (M1) disease; **OR**
- Patient is a male (sex assigned at birth); **AND**
 - Used in combination with aromatase inhibitor therapy

Ovarian, Fallopian Tube, and Primary Peritoneal Cancer^{11,12,19,20} ‡ (J9217 and J1950)

- Used as a single agent; **AND**
 - Patient has a diagnosis of stage II-IV granulosa cell tumors; **AND**
 - Patient has relapsed disease; **OR**
 - Patient has a diagnosis of Epithelial Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer, Mucinous Neoplasms of the Ovary, Clear Cell Carcinoma of the Ovary, Carcinosarcoma (Malignant Mixed Müllerian Tumors), or Grade 1 Endometrioid Carcinoma; **AND**
 - Patient has persistent or recurrent disease (excluding immediate treatment of biochemical relapse); **OR**
 - Patient has a diagnosis of Low-Grade Serous Carcinoma; **AND**
 - Patient has disease recurrence; **AND**
 - Patient has received prior therapy with an aromatase inhibitor

Prostate Cancer^{4,5,8-11,12,18,40} † ‡ (J9217, J1952, and J1954)

- Patient must have a contraindication, intolerance, or failure to **Camcevi**[®], **Eligard**[®], **AND Firmagon**[®] prior to consideration of Lupron[®]

Uterine Neoplasms – Uterine Sarcoma^{11,12} ‡ (J9217 and J1950)

- Patient has a diagnosis of low-grade endometrial stromal sarcoma (ESS) or adenosarcoma without sarcomatous overgrowth; **AND**
- Patient is premenopausal and not suitable for surgery (i.e. bilateral salpingo-oophorectomy); **AND**
- Used for patients with small tumor volume or an indolent growth pace; **AND**
- Used in combination with anastrozole, letrozole, or exemestane

Head and Neck Cancer^{11,12,10} ‡ (J9217, J1952, J1954)

- Patient has salivary gland tumors; **AND**

- Used as a single agent OR in combination with abiraterone and prednisone; **AND**
- Patient has androgen-receptor positive recurrent disease with one of the following:
 - Distant metastases
 - Unresectable locoregional recurrence with prior radiation therapy (RT)
 - Unresectable second primary with prior RT

Prevention/Management of Menstrual Bleeding Associated with Hematopoietic Stem Cell Transplant (HCT) ²⁵⁻²⁸ ‡ (J1950)

- Patient is premenopausal; **AND**
 - Patient will receive conditioning myeloablative treatment with cytotoxic chemotherapy; **OR**
 - Patient has menorrhagia due to thrombocytopenia related to delayed platelet engraftment

Fertility Preservation While Receiving Chemotherapy ^{25-28,38} ‡ (J1950)

- Patient is premenopausal; **AND**
- Patient is receiving treatment with cytotoxic chemotherapy with the potential to cause ovarian damage/toxicity (e.g., cyclophosphamide, melphalan, procarbazine, vinblastine, imatinib, etc.); **AND**
- Patient has failed or is not a candidate for other fertility preservation methods (e.g., cryopreservation, etc.)

Gender Dysphoria (formerly Gender Identity Disorder) ‡ ²⁹⁻³¹ (J1950 and J1951)

- Patient has experienced puberty development to at least Tanner stage 2 (*Note: this applies only to patients <18 yrs of age*); **AND**
- Patient has a diagnosis of gender dysphoria as confirmed by a qualified mental health professional (MHP)** OR the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) Criteria §; **AND**
- A qualified MHP** has confirmed all of the following:
 - Patient has demonstrated a long-lasting and intense pattern of gender nonconformity or gender dysphoria (whether suppressed or expressed); **AND**
 - Gender dysphoria worsened with the onset of puberty; **AND**
 - Any coexisting psychological, medical, or social problems that could interfere with treatment (e.g., that may compromise treatment adherence) have been addressed, such that the patient's situation and functioning are stable enough to start treatment; **AND**
 - Patient has sufficient mental capacity to give informed consent to this (reversible) treatment; **AND**
- Patient has been informed of the effects and side effects of treatment (including potential loss of fertility if the individual subsequently continues with sex hormone treatment) and options to preserve fertility; **AND**

- Patient has given informed consent and (particularly when the adolescent has not reached the age of legal medical consent, depending on applicable legislation) the parents or other caretakers or guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process; **AND**
- For adolescent patients, a pediatric endocrinologist or other clinician experienced in pubertal assessment has confirmed all of the following:
 - Agreement in the indication for treatment; **AND**
 - There are no medical contraindications to treatment

** Definition of a qualified mental health professional ³⁴

- Are licensed by their statutory body and hold, at a minimum, a master's degree or equivalent training in a clinical field relevant to this role and granted by a nationally accredited statutory institution; **AND**
- For countries requiring a diagnosis for access to care, the health care professional should be competent using the latest edition of the World Health Organization's International Classification of Diseases (ICD) for diagnosis. In countries that have not implemented the latest ICD, other taxonomies may be used; efforts should be undertaken to utilize the latest ICD as soon as practicable; **AND**
- Are able to identify co-existing mental health or other psychosocial concerns and distinguish these from gender dysphoria, incongruence, and diversity; **AND**
- Are able to assess capacity to consent for treatment; **AND**
- Have experience or be qualified to assess clinical aspects of gender dysphoria, incongruence, and diversity; **AND**
- Undergo continuing education in health care relating to gender dysphoria, incongruence, and diversity

§ DSM-5-TR Criteria for Gender Dysphoria in Adolescents and Adults ³¹

- A marked incongruence between one's experienced/expressed gender and natal gender of at least 6mo in duration, as manifested by at least TWO of the following:
 - A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
 - A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
 - A strong desire for the primary and/or secondary sex characteristics of the other gender
 - A strong desire to be of the other gender (or some alternative gender different from one's designated gender)
 - A strong desire to be treated as the other gender (or some alternative gender different from one's designated gender)
 - A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's designated gender); **AND**
- The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Ⓢ Orphan Drug

IV. Renewal Criteria

Prior authorization validity may be renewed based upon the following criteria:

- Patient continues to meet the indication-specific relevant criteria identified in section III; **AND**
- Duration of authorization has not been exceeded (*refer to Section I*); **AND**

Prostate Cancer/Head and Neck Cancer (J9217, J1952, and J1954); Breast/Ovarian Cancer/ Uterine Neoplasms – Uterine Sarcoma (J9217 and J1950)

- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: tumor flare, hyperglycemia/diabetes, cardiovascular disease (myocardial infarction, sudden cardiac death, stroke), QT/QTc prolongation, convulsions, hypersensitivity reactions (including anaphylaxis), severe cutaneous adverse reactions (e.g., Stevens-Johnson syndrome/toxic epidermal necrolysis [SJS/TEN], drug reaction with eosinophilia and systemic symptoms [DRESS], acute generalized exanthematous pustulosis [AGEP]) etc.

Central Precocious Puberty (CPP)^{3,6,15,21-23} (J1950 and J1951)

- Patient is less than 13 years of age; **AND**
- Disease response as indicated by lack of progression or stabilization of secondary sexual characteristics, decrease in height velocity, a decrease in the ratio of bone age to chronological age (BA:CA), and improvement in final height prediction; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: convulsions, development or worsening of psychiatric symptoms, pseudotumor cerebri (idiopathic intracranial hypertension), etc.; **AND**
- Will not be used in combination with growth hormone

Gender Dysphoria (J1950 and J1951)^{3,6,29,30}

- Patient has shown a beneficial response to treatment as evidenced by routine monitoring of clinical pubertal development (if applicable) and applicable laboratory parameters; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: convulsions, development or worsening of psychiatric symptoms, pseudotumor cerebri (idiopathic intracranial hypertension), etc.

Endometriosis (J1950)^{1,2}

- Patient has not received a total of 12 months of therapy of a GnRH-agonist (i.e., leuprolide acetate, etc.); **AND**
- Patient continues to have symptoms of endometriosis or symptoms recur after the initial 6-month course of therapy; **AND**
- Patient will have bone density assessment prior to retreatment; **AND**

- Extended GnRH-agonist treatment will be used in combination with norethindrone add-back therapy; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: significant loss of bone mineral density, hypersensitivity reactions, convulsions, new or worsening clinical depression, etc.

Fertility Preservation While Receiving Chemotherapy (J1950) ^{1,2,25-28,38}

- Patient is still receiving treatment with cytotoxic chemotherapy; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: significant loss of bone mineral density, hypersensitivity reactions, convulsions, new or worsening clinical depression, etc.

V. Dosage/Administration ^{1-10,25,27,28,38,40}

| Indication | Dose |
|--|---|
| Endometriosis | Administer 3.75 mg intramuscularly monthly or 11.25 mg intramuscularly every 3 months. |
| Breast/Ovarian Cancer; Uterine Neoplasms-Uterine Sarcoma | Administer, intramuscularly or subcutaneously, 3.75 mg /7.5 mg monthly or 11.25 mg/22.5 mg every 3 months. |
| Central Precocious Puberty (CPP) | <ul style="list-style-type: none"> • Fensolvi subcutaneous kit <ul style="list-style-type: none"> – Administer 45 mg subcutaneously once every 6 months. • Lupron Depot-Ped intramuscular injection: <ul style="list-style-type: none"> – Dosing for 1-month administration: <ul style="list-style-type: none"> ▪ >37.5 kg: 15 mg every month (4 weeks) ▪ >25-37.5 kg: 11.25 mg every month (4 weeks) ▪ ≤ 25 kg: 7.5 mg every month (4 weeks) – Dosing for 3-month administration: <ul style="list-style-type: none"> ▪ 11.25 mg or 30 mg every 3 months (12 weeks) – Dosing for 6-month administration: <ul style="list-style-type: none"> ▪ 45 mg every 6 months (24 weeks) |
| Uterine Leiomyomata (fibroids) | Administer 3.75 mg intramuscularly monthly or 11.25 mg intramuscularly as a single dose*. <i>*The recommended duration of therapy is 3 months or less; retreatment is dependent on the return of symptoms.</i> |

| | |
|--|---|
| Prostate Cancer | <ul style="list-style-type: none"> • Lupron Depot (intramuscular), Eligard (subcutaneous), & Vabrinty (subcutaneous) <ul style="list-style-type: none"> – Administer, intramuscularly or subcutaneously, 7.5 mg every 4 weeks, 22.5 mg every 12 weeks, 30 mg every 16 weeks, 45 mg every 24 weeks • Camcevi subcutaneous kit <ul style="list-style-type: none"> – Administer 42 mg subcutaneously once every 6 months. • Lutrate Depot & Leuprolide Acetate Depot <ul style="list-style-type: none"> – Administer 22.5 mg intramuscularly once every 12 weeks. |
| Head and Neck Cancer | <ul style="list-style-type: none"> • Lupron Depot (intramuscular), Eligard (subcutaneous), & Vabrinty (subcutaneous) <ul style="list-style-type: none"> – Administer, intramuscularly or subcutaneously, 7.5 mg every 4 weeks, 22.5 mg every 12 weeks • Camcevi subcutaneous kit <ul style="list-style-type: none"> – Administer 42 mg subcutaneously once every 6 months. • Lutrate Depot & Leuprolide Acetate Depot <ul style="list-style-type: none"> – Administer 22.5 mg intramuscularly once every 12 weeks. |
| Prevention/Management of Menstrual Bleeding Associated with HCT | Administer 3.75 mg intramuscularly once every 4 weeks up to 6 months <i>Therapy should be started 4-5 weeks prior to conditioning chemotherapy and continued as required until platelets are >50,000 post HCT)</i> |
| Fertility Preservation While Receiving Chemotherapy | Administer 3.75 mg intramuscularly every 4 weeks |
| Gender Dysphoria | <ul style="list-style-type: none"> • Lupron Depot injection: <ul style="list-style-type: none"> – Administer 3.75 mg intramuscularly once a month in combination with transdermal estradiol 1 or 2 mg/day; OR – Administer 11.25 mg intramuscular every 3 months • Fensolvi subcutaneous kit <ul style="list-style-type: none"> – Administer 45 mg subcutaneously once every 6 months |
| Note: | |
| <ul style="list-style-type: none"> – Lupron Depot, Lupron Depot-Ped, Lutrate Depot, and Leuprolide Acetate Depot are administered intramuscularly (IM). Eligard, Vabrinty, Fensolvi, and Camcevi are administered subcutaneously (SQ). – Camcevi, Eligard, Vabrinty, Fensolvi and Lupron Depot-Ped must be administered by a healthcare provider. – Do not use concurrently a fractional dose, or a combination of doses of this or any depot formulation due to different release characteristics. | |

VI. Billing Code/Availability Information

| Drug Name* | Strength | HCPCS | NDC |
|----------------------|----------|-------|---------------|
| Lupron Depot 1-Month | 3.75 mg | J1950 | 00074-3641-xx |
| Lupron Depot 1-Month | 7.5 mg | J9217 | 00074-3642-xx |

| | | | |
|---|----------|-------|--------------------------------|
| Lupron Depot 3-Month | 11.25 mg | J1950 | 00074-3663-xx |
| Lupron Depot 3-Month | 22.5 mg | J9217 | 00074-3346-xx |
| Lupron Depot 4-Month | 30 mg | J9217 | 00074-3683-xx |
| Lupron Depot 6-Month | 45 mg | J9217 | 00074-3473-xx |
| Lupron Depot-Ped 1-Month | 7.5 mg | J1950 | 00074-2108-xx |
| Lupron Depot-Ped 1-Month | 11.25 mg | J1950 | 00074-2282-xx |
| Lupron Depot-Ped 3-Month | 11.25 mg | J1950 | 00074-3779-xx |
| Lupron Depot-Ped 1-Month | 15 mg | J1950 | 00074-2440-xx |
| Lupron Depot-Ped 3-Month | 30 mg | J1950 | 00074-9694-xx |
| Lupron Depot-Ped 6-Month | 45 mg | J1950 | 00074-3575-xx |
| Eligard | 7.5 mg | J9217 | 62935-0753-xx 62935-0756-xx |
| Eligard | 22.5 mg | J9217 | 62935-0223-xx 62935-0227-xx |
| Eligard | 30 mg | J9217 | 62935-0303-xx 62935-0306-xx |
| Eligard | 45 mg | J9217 | 62935-0453-xx 62935-0461-xx |
| Vabrinty | 7.5 mg | J9217 | 85043-0075-xx |
| Vabrinty | 22.5 mg | J9217 | 85043-0025-xx |
| Vabrinty | 30 mg | J9217 | 85043-0030-xx |
| Vabrinty | 45 mg | J9217 | 85043-0045-xx |
| Fensolvi | 45 mg | J1951 | 62935-0153-xx 62935-0163-xx |
| Camcevi | 42 mg | J1952 | 69448-0014-xx 69448-0023-xx |
| Lutrate Depot (Avyxa) Ψ [505(b)(2) approval of the innovator product Lupron Depot] | 22.5 mg | J1954 | 83831-0134-xx |
| Leuprolide Acetate Depot (Cipla) Ψ [505(b)(2) approval of the innovator product Lupron Depot] | 22.5 mg | J1954 | 69097-0909-xx |
| <ul style="list-style-type: none"> – J1950: Injection, leuprolide acetate (for depot suspension), per 3.75 mg – J9217: Leuprolide acetate (for depot suspension), 7.5 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 (lutrate depot), 7.5 mg Ψ | | | |

- * Some formulations are available as multi-sourced generics.
- Ψ Designated products approved by the FDA as a 505(b)(2) NDA of the innovator product. These products may be available from several different manufacturers. For a complete list of all available products and NDCs please reference the FDA website at [National Drug Code Directory](#) for leuprolide. These products are not rated as therapeutically equivalent to their reference listed drug in the Food and Drug Administration’s (FDA) Orange Book and are therefore considered single source products based on the statutory definition of “single source drug” in section 1847A(c)(6) of the Act. For a complete list of all approved 505(b)(2) NDA products please reference the latest edition of the Orange Book: [Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book | FDA](#)

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Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime’s assessment led to for each.

| Factor | Conclusion |
|----------------------------|-----------------------|
| Indication | Yes: Consider for PA |
| Safety and efficacy | No: PA not a priority |
| Potential for misuse/abuse | No: PA not a priority |
| Cost of drug | Yes: Consider for PA |

Appendix 1 – Covered Diagnosis Codes

J1950

| ICD-10 | ICD-10 Description |
|---------|---|
| C48.1 | Malignant neoplasm of specified parts of peritoneum |
| C48.2 | Malignant neoplasm of peritoneum, unspecified |
| C48.8 | Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum |
| C50.011 | Malignant neoplasm of nipple and areola, right female breast |
| C50.012 | Malignant neoplasm of nipple and areola, left female breast |
| C50.019 | Malignant neoplasm of nipple and areola, unspecified female breast |
| C50.021 | Malignant neoplasm of nipple and areola, right female breast |
| C50.022 | Malignant neoplasm of nipple and areola, left female breast |
| C50.029 | Malignant neoplasm of nipple and areola, unspecified female breast |
| C50.111 | Malignant neoplasm of central portion of right female breast |
| C50.112 | Malignant neoplasm of central portion of left female breast |
| C50.119 | Malignant neoplasm of central portion of unspecified female breast |
| C50.121 | Malignant neoplasm of central portion of right male breast |
| C50.122 | Malignant neoplasm of central portion of left male breast |
| C50.129 | Malignant neoplasm of central portion of unspecified male breast |
| C50.211 | Malignant neoplasm of upper-inner quadrant of right female breast |
| C50.212 | Malignant neoplasm of upper-inner quadrant of left female breast |
| C50.219 | Malignant neoplasm of upper-inner quadrant of unspecified female breast |
| C50.221 | Malignant neoplasm of upper-inner quadrant of right male breast |
| C50.222 | Malignant neoplasm of upper-inner quadrant of left male breast |
| C50.229 | Malignant neoplasm of upper-inner quadrant of unspecified male breast |

| ICD-10 | ICD-10 Description |
|---------|---|
| C50.311 | Malignant neoplasm of lower-inner quadrant of right female breast |
| C50.312 | Malignant neoplasm of lower-inner quadrant of left female breast |
| C50.319 | Malignant neoplasm of lower-inner quadrant of unspecified female breast |
| C50.321 | Malignant neoplasm of lower-inner quadrant of right male breast |
| C50.322 | Malignant neoplasm of lower-inner quadrant of left male breast |
| C50.329 | Malignant neoplasm of lower-inner quadrant of unspecified male breast |
| C50.411 | Malignant neoplasm of upper-outer quadrant of right female breast |
| C50.412 | Malignant neoplasm of upper-outer quadrant of left female breast |
| C50.419 | Malignant neoplasm of upper-outer quadrant of unspecified female breast |
| C50.421 | Malignant neoplasm of upper-outer quadrant of right male breast |
| C50.422 | Malignant neoplasm of upper-outer quadrant of left male breast |
| C50.429 | Malignant neoplasm of upper-outer quadrant of unspecified male breast |
| C50.511 | Malignant neoplasm of lower-outer quadrant of right female breast |
| C50.512 | Malignant neoplasm of lower-outer quadrant of left female breast |
| C50.519 | Malignant neoplasm of lower-outer quadrant of unspecified female breast |
| C50.521 | Malignant neoplasm of lower-outer quadrant of right male breast |
| C50.522 | Malignant neoplasm of lower-outer quadrant of left male breast |
| C50.529 | Malignant neoplasm of lower-outer quadrant of unspecified male breast |
| C50.611 | Malignant neoplasm of axillary tail of right female breast |
| C50.612 | Malignant neoplasm of axillary tail of left female breast |
| C50.619 | Malignant neoplasm of axillary tail of unspecified female breast |
| C50.621 | Malignant neoplasm of axillary tail of right male breast |
| C50.622 | Malignant neoplasm of axillary tail of left male breast |
| C50.629 | Malignant neoplasm of axillary tail of unspecified male breast |
| C50.811 | Malignant neoplasm of overlapping sites of right female breast |
| C50.812 | Malignant neoplasm of overlapping sites of left female breast |
| C50.819 | Malignant neoplasm of overlapping sites of unspecified female breast |
| C50.821 | Malignant neoplasm of overlapping sites of right male breast |
| C50.822 | Malignant neoplasm of overlapping sites of left male breast |
| C50.829 | Malignant neoplasm of overlapping sites of unspecified male breast |
| C50.911 | Malignant neoplasm of unspecified site of right female breast |
| C50.912 | Malignant neoplasm of unspecified site of left female breast |
| C50.919 | Malignant neoplasm of unspecified site of unspecified female breast |
| C50.921 | Malignant neoplasm of unspecified site of right male breast |
| C50.922 | Malignant neoplasm of unspecified site of left male breast |
| C50.929 | Malignant neoplasm of unspecified site of unspecified male breast |

| ICD-10 | ICD-10 Description |
|--------|--|
| C54.0 | Malignant neoplasm of isthmus uteri |
| C54.1 | Malignant neoplasm of endometrium |
| C54.2 | Malignant neoplasm of myometrium |
| C54.3 | Malignant neoplasm of fundus uteri |
| C54.8 | Malignant neoplasm of overlapping sites of corpus uteri |
| C54.9 | Malignant neoplasm of corpus uteri, unspecified |
| C55 | Malignant neoplasm of uterus, part unspecified |
| C56.1 | Malignant neoplasm of right ovary |
| C56.2 | Malignant neoplasm of left ovary |
| C56.3 | Malignant neoplasm of bilateral ovaries |
| C56.9 | Malignant neoplasm of unspecified ovary |
| C57.00 | Malignant neoplasm of unspecified fallopian tube |
| C57.01 | Malignant neoplasm of right fallopian tube |
| C57.02 | Malignant neoplasm of left fallopian tube |
| C57.10 | Malignant neoplasm of unspecified broad ligament |
| C57.11 | Malignant neoplasm of right broad ligament |
| C57.12 | Malignant neoplasm of left broad ligament |
| C57.20 | Malignant neoplasm of unspecified round ligament |
| C57.21 | Malignant neoplasm of right round ligament |
| C57.22 | Malignant neoplasm of left round ligament |
| C57.3 | Malignant neoplasm of parametrium |
| C57.4 | Malignant neoplasm of uterine adnexa, unspecified |
| C57.7 | Malignant neoplasm of other specified female genital organs |
| C57.8 | Malignant neoplasm of overlapping sites of female genital organs |
| C57.9 | Malignant neoplasm of female genital organ, unspecified |
| D25.0 | Submucous leiomyoma of uterus |
| D25.1 | Intramural leiomyoma of uterus |
| D25.2 | Subserosal leiomyoma of uterus |
| D25.9 | Leiomyoma of uterus, unspecified |
| E30.1 | Precocious puberty |
| E30.8 | Other disorders of puberty |
| F64.0 | Transsexualism |
| F64.1 | Dual role transvestism |
| F64.2 | Gender identity disorder of childhood |
| F64.8 | Other gender identity disorders |
| F64.9 | Gender identity disorder, unspecified |

| ICD-10 | ICD-10 Description |
|---------|--|
| N80.00 | Endometriosis of the uterus, unspecified |
| N80.01 | Superficial endometriosis of the uterus |
| N80.02 | Deep endometriosis of the uterus |
| N80.03 | Adenomyosis of the uterus |
| N80.101 | Endometriosis of right ovary, unspecified depth |
| N80.102 | Endometriosis of left ovary, unspecified depth |
| N80.103 | Endometriosis of bilateral ovaries, unspecified depth |
| N80.109 | Endometriosis of ovary, unspecified side, unspecified depth |
| N80.111 | Superficial endometriosis of right ovary |
| N80.112 | Superficial endometriosis of left ovary |
| N80.113 | Superficial endometriosis of bilateral ovaries |
| N80.119 | Superficial endometriosis of ovary, unspecified ovary |
| N80.121 | Deep endometriosis of right ovary |
| N80.122 | Deep endometriosis of left ovary |
| N80.123 | Deep endometriosis of bilateral ovaries |
| N80.129 | Deep endometriosis of ovary, unspecified ovary |
| N80.201 | Endometriosis of right fallopian tube, unspecified depth |
| N80.202 | Endometriosis of left fallopian tube, unspecified depth |
| N80.203 | Endometriosis of bilateral fallopian tubes, unspecified depth |
| N80.209 | Endometriosis of unspecified fallopian tube, unspecified depth |
| N80.211 | Superficial endometriosis of right fallopian tube |
| N80.212 | Superficial endometriosis of left fallopian tube |
| N80.213 | Superficial endometriosis of bilateral fallopian tubes |
| N80.219 | Superficial endometriosis of unspecified fallopian tube |
| N80.221 | Deep endometriosis of right fallopian tube |
| N80.222 | Deep endometriosis of left fallopian tube |
| N80.223 | Deep endometriosis of bilateral fallopian tubes |
| N80.229 | Deep endometriosis of unspecified fallopian tube |
| N80.30 | Endometriosis of pelvic peritoneum, unspecified |
| N80.311 | Superficial endometriosis of the anterior cul-de-sac |
| N80.312 | Deep endometriosis of the anterior cul-de-sac |
| N80.319 | Endometriosis of the anterior cul-de-sac, unspecified depth |
| N80.321 | Superficial endometriosis of the posterior cul-de-sac |
| N80.322 | Deep endometriosis of the posterior cul-de-sac |
| N80.329 | Endometriosis of the posterior cul-de-sac, unspecified depth |
| N80.331 | Superficial endometriosis of the right pelvic sidewall |
| N80.332 | Superficial endometriosis of the left pelvic sidewall |
| N80.333 | Superficial endometriosis of bilateral pelvic sidewall |
| N80.339 | Superficial endometriosis of pelvic sidewall, unspecified side |
| N80.341 | Deep endometriosis of the right pelvic sidewall |

| ICD-10 | ICD-10 Description |
|---------|---|
| N80.342 | Deep endometriosis of the left pelvic sidewall |
| N80.343 | Deep endometriosis of the bilateral pelvic sidewall |
| N80.349 | Deep endometriosis of the pelvic sidewall, unspecified side |
| N80.351 | Endometriosis of the right pelvic sidewall, unspecified depth |
| N80.352 | Endometriosis of the left pelvic sidewall, unspecified depth |
| N80.353 | Endometriosis of bilateral pelvic sidewall, unspecified depth |
| N80.359 | Endometriosis of pelvic sidewall, unspecified side, unspecified depth |
| N80.361 | Superficial endometriosis of the right pelvic brim |
| N80.362 | Superficial endometriosis of the left pelvic brim |
| N80.363 | Superficial endometriosis of bilateral pelvic brim |
| N80.369 | Superficial endometriosis of the pelvic brim, unspecified side |
| N80.371 | Deep endometriosis of the right pelvic brim |
| N80.372 | Deep endometriosis of the left pelvic brim |
| N80.373 | Deep endometriosis of bilateral pelvic brim |
| N80.379 | Deep endometriosis of the pelvic brim, unspecified side |
| N80.381 | Endometriosis of the right pelvic brim, unspecified depth |
| N80.382 | Endometriosis of the left pelvic brim, unspecified depth |
| N80.383 | Endometriosis of bilateral pelvic brim, unspecified depth |
| N80.389 | Endometriosis of the pelvic brim, unspecified side, unspecified depth |
| N80.3A1 | Superficial endometriosis of the right uterosacral ligament |
| N80.3A2 | Superficial endometriosis of the left uterosacral ligament |
| N80.3A3 | Superficial endometriosis of the bilateral uterosacral ligament(s) |
| N80.3A9 | Superficial endometriosis of the uterosacral ligament(s), unspecified side |
| N80.3B1 | Deep endometriosis of the right uterosacral ligament |
| N80.3B2 | Deep endometriosis of the left uterosacral ligament |
| N80.3B3 | Deep endometriosis of bilateral uterosacral ligament(s) |
| N80.3B9 | Deep endometriosis of the uterosacral ligament(s), unspecified side |
| N80.3C1 | Endometriosis of the right uterosacral ligament, unspecified depth |
| N80.3C2 | Endometriosis of the left uterosacral ligament, unspecified depth |
| N80.3C3 | Endometriosis of bilateral uterosacral ligament(s), unspecified depth |
| N80.3C9 | Endometriosis of the uterosacral ligament(s), unspecified side, unspecified depth |
| N80.391 | Superficial endometriosis of the pelvic peritoneum, other specified sites |
| N80.392 | Deep endometriosis of the pelvic peritoneum, other specified sites |
| N80.399 | Endometriosis of the pelvic peritoneum, other specified sites, unspecified depth |
| N80.40 | Endometriosis of rectovaginal septum, unspecified involvement of vagina |
| N80.41 | Endometriosis of rectovaginal septum without involvement of vagina |
| N80.42 | Endometriosis of rectovaginal septum with involvement of vagina |
| N80.50 | Endometriosis of intestine, unspecified |
| N80.511 | Superficial endometriosis of the rectum |
| N80.512 | Deep endometriosis of the rectum |

| ICD-10 | ICD-10 Description |
|---------|--|
| N80.519 | Endometriosis of the rectum, unspecified depth |
| N80.521 | Superficial endometriosis of the sigmoid colon |
| N80.522 | Deep endometriosis of the sigmoid colon |
| N80.529 | Endometriosis of the sigmoid colon, unspecified depth |
| N80.531 | Superficial endometriosis of the cecum |
| N80.532 | Deep endometriosis of the cecum |
| N80.539 | Endometriosis of the cecum, unspecified depth |
| N80.541 | Superficial endometriosis of the appendix |
| N80.542 | Deep endometriosis of the appendix |
| N80.549 | Endometriosis of the appendix, unspecified depth |
| N80.551 | Superficial endometriosis of other parts of the colon |
| N80.552 | Deep endometriosis of other parts of the colon |
| N80.559 | Endometriosis of other parts of the colon, unspecified depth |
| N80.561 | Superficial endometriosis of the small intestine |
| N80.562 | Deep endometriosis of the small intestine |
| N80.569 | Endometriosis of the small intestine, unspecified depth |
| N80.6 | Endometriosis in cutaneous scar |
| N80.9 | Endometriosis, unspecified |
| N80.A0 | Endometriosis of bladder, unspecified depth |
| N80.A1 | Superficial endometriosis of bladder |
| N80.A2 | Deep endometriosis of bladder |
| N80.A41 | Superficial endometriosis of right ureter |
| N80.A42 | Superficial endometriosis of left ureter |
| N80.A43 | Superficial endometriosis of bilateral ureters |
| N80.A49 | Superficial endometriosis of unspecified ureter |
| N80.A51 | Deep endometriosis of right ureter |
| N80.A52 | Deep endometriosis of left ureter |
| N80.A53 | Deep endometriosis of bilateral ureters |
| N80.A59 | Deep endometriosis of unspecified ureter |
| N80.A61 | Endometriosis of right ureter, unspecified depth |
| N80.A62 | Endometriosis of left ureter, unspecified depth |
| N80.A63 | Endometriosis of bilateral ureters, unspecified depth |
| N80.A69 | Endometriosis of unspecified ureter, unspecified depth |
| N80.B1 | Endometriosis of pleura |
| N80.B2 | Endometriosis of lung |
| N80.B31 | Superficial endometriosis of diaphragm |
| N80.B32 | Deep endometriosis of diaphragm |
| N80.B39 | Endometriosis of diaphragm, unspecified depth |
| N80.B4 | Endometriosis of the pericardial space |
| N80.B5 | Endometriosis of the mediastinal space |

| ICD-10 | ICD-10 Description |
|---------|--|
| N80.B6 | Endometriosis of cardiothoracic space |
| N80.C0 | Endometriosis of the abdomen, unspecified |
| N80.C10 | Endometriosis of the anterior abdominal wall, subcutaneous tissue |
| N80.C11 | Endometriosis of the anterior abdominal wall, fascia and muscular layers |
| N80.C19 | Endometriosis of the anterior abdominal wall, unspecified depth |
| N80.C2 | Endometriosis of the umbilicus |
| N80.C3 | Endometriosis of the inguinal canal |
| N80.C4 | Endometriosis of extra-pelvic abdominal peritoneum |
| N80.C9 | Endometriosis of other site of abdomen |
| N80.D0 | Endometriosis of the pelvic nerves, unspecified |
| N80.D1 | Endometriosis of the sacral splanchnic nerves |
| N80.D2 | Endometriosis of the sacral nerve roots |
| N80.D3 | Endometriosis of the obturator nerve |
| N80.D4 | Endometriosis of the sciatic nerve |
| N80.D5 | Endometriosis of the pudendal nerve |
| N80.D6 | Endometriosis of the femoral nerve |
| N80.D9 | Endometriosis of other pelvic nerve |
| N93.8 | Other specified abnormal uterine and vaginal bleeding |
| N94.89 | Other specified conditions associated with female genital organs and menstrual cycle |
| T86.09 | Other complications of bone marrow transplant |
| Z31.84 | Encounter for fertility preservation procedure |
| Z85.3 | Personal history of malignant neoplasm of breast |
| Z85.42 | Personal history of malignant neoplasm of other parts of uterus |
| Z85.43 | Personal history of malignant neoplasm of ovary |

J9217

| ICD-10 | ICD-10 Description |
|---------|---|
| C06.9 | Malignant neoplasm of mouth, unspecified |
| C07 | Malignant neoplasm of parotid gland |
| C08.0 | Malignant neoplasm of submandibular gland |
| C08.1 | Malignant neoplasm of sublingual gland |
| C08.9 | Malignant neoplasm of major salivary gland, unspecified |
| C48.1 | Malignant neoplasm of specified parts of peritoneum |
| C48.2 | Malignant neoplasm of peritoneum, unspecified |
| C48.8 | Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum |
| C50.011 | Malignant neoplasm of nipple and areola, right female breast |
| C50.012 | Malignant neoplasm of nipple and areola, left female breast |
| C50.019 | Malignant neoplasm of nipple and areola, unspecified female breast |

| ICD-10 | ICD-10 Description |
|---------|---|
| C50.021 | Malignant neoplasm of nipple and areola, right female breast |
| C50.022 | Malignant neoplasm of nipple and areola, left female breast |
| C50.029 | Malignant neoplasm of nipple and areola, unspecified female breast |
| C50.111 | Malignant neoplasm of central portion of right female breast |
| C50.112 | Malignant neoplasm of central portion of left female breast |
| C50.119 | Malignant neoplasm of central portion of unspecified female breast |
| C50.121 | Malignant neoplasm of central portion of right male breast |
| C50.122 | Malignant neoplasm of central portion of left male breast |
| C50.129 | Malignant neoplasm of central portion of unspecified male breast |
| C50.211 | Malignant neoplasm of upper-inner quadrant of right female breast |
| C50.212 | Malignant neoplasm of upper-inner quadrant of left female breast |
| C50.219 | Malignant neoplasm of upper-inner quadrant of unspecified female breast |
| C50.221 | Malignant neoplasm of upper-inner quadrant of right male breast |
| C50.222 | Malignant neoplasm of upper-inner quadrant of left male breast |
| C50.229 | Malignant neoplasm of upper-inner quadrant of unspecified male breast |
| C50.311 | Malignant neoplasm of lower-inner quadrant of right female breast |
| C50.312 | Malignant neoplasm of lower-inner quadrant of left female breast |
| C50.319 | Malignant neoplasm of lower-inner quadrant of unspecified female breast |
| C50.321 | Malignant neoplasm of lower-inner quadrant of right male breast |
| C50.322 | Malignant neoplasm of lower-inner quadrant of left male breast |
| C50.329 | Malignant neoplasm of lower-inner quadrant of unspecified male breast |
| C50.411 | Malignant neoplasm of upper-outer quadrant of right female breast |
| C50.412 | Malignant neoplasm of upper-outer quadrant of left female breast |
| C50.419 | Malignant neoplasm of upper-outer quadrant of unspecified female breast |
| C50.421 | Malignant neoplasm of upper-outer quadrant of right male breast |
| C50.422 | Malignant neoplasm of upper-outer quadrant of left male breast |
| C50.429 | Malignant neoplasm of upper-outer quadrant of unspecified male breast |
| C50.511 | Malignant neoplasm of lower-outer quadrant of right female breast |
| C50.512 | Malignant neoplasm of lower-outer quadrant of left female breast |
| C50.519 | Malignant neoplasm of lower-outer quadrant of unspecified female breast |
| C50.521 | Malignant neoplasm of lower-outer quadrant of right male breast |
| C50.522 | Malignant neoplasm of lower-outer quadrant of left male breast |
| C50.529 | Malignant neoplasm of lower-outer quadrant of unspecified male breast |
| C50.611 | Malignant neoplasm of axillary tail of right female breast |
| C50.612 | Malignant neoplasm of axillary tail of left female breast |
| C50.619 | Malignant neoplasm of axillary tail of unspecified female breast |

| ICD-10 | ICD-10 Description |
|---------|--|
| C50.621 | Malignant neoplasm of axillary tail of right male breast |
| C50.622 | Malignant neoplasm of axillary tail of left male breast |
| C50.629 | Malignant neoplasm of axillary tail of unspecified male breast |
| C50.811 | Malignant neoplasm of overlapping sites of right female breast |
| C50.812 | Malignant neoplasm of overlapping sites of left female breast |
| C50.819 | Malignant neoplasm of overlapping sites of unspecified female breast |
| C50.821 | Malignant neoplasm of overlapping sites of right male breast |
| C50.822 | Malignant neoplasm of overlapping sites of left male breast |
| C50.829 | Malignant neoplasm of overlapping sites of unspecified male breast |
| C50.911 | Malignant neoplasm of unspecified site of right female breast |
| C50.912 | Malignant neoplasm of unspecified site of left female breast |
| C50.919 | Malignant neoplasm of unspecified site of unspecified female breast |
| C50.921 | Malignant neoplasm of unspecified site of right male breast |
| C50.922 | Malignant neoplasm of unspecified site of left male breast |
| C50.929 | Malignant neoplasm of unspecified site of unspecified male breast |
| C54.0 | Malignant neoplasm of isthmus uteri |
| C54.1 | Malignant neoplasm of endometrium |
| C54.2 | Malignant neoplasm of myometrium |
| C54.3 | Malignant neoplasm of fundus uteri |
| C54.8 | Malignant neoplasm of overlapping sites of corpus uteri |
| C54.9 | Malignant neoplasm of corpus uteri, unspecified |
| C55 | Malignant neoplasm of uterus, part unspecified |
| C56.1 | Malignant neoplasm of right ovary |
| C56.2 | Malignant neoplasm of left ovary |
| C56.3 | Malignant neoplasm of bilateral ovaries |
| C56.9 | Malignant neoplasm of unspecified ovary |
| C57.00 | Malignant neoplasm of unspecified fallopian tube |
| C57.01 | Malignant neoplasm of right fallopian tube |
| C57.02 | Malignant neoplasm of left fallopian tube |
| C57.10 | Malignant neoplasm of unspecified broad ligament |
| C57.11 | Malignant neoplasm of right broad ligament |
| C57.12 | Malignant neoplasm of left broad ligament |
| C57.20 | Malignant neoplasm of unspecified round ligament |
| C57.21 | Malignant neoplasm of right round ligament |
| C57.22 | Malignant neoplasm of left round ligament |
| C57.3 | Malignant neoplasm of parametrium |

| ICD-10 | ICD-10 Description |
|--------|--|
| C57.4 | Malignant neoplasm of uterine adnexa, unspecified |
| C57.7 | Malignant neoplasm of other specified female genital organs |
| C57.8 | Malignant neoplasm of overlapping sites of female genital organs |
| C57.9 | Malignant neoplasm of female genital organ, unspecified |
| C61 | Malignant neoplasm of prostate |
| Z85.3 | Personal history of malignant neoplasm of breast |
| Z85.42 | Personal history of malignant neoplasm of other parts of uterus |
| Z85.43 | Personal history of malignant neoplasm of ovary |
| Z85.46 | Personal history of malignant neoplasm of prostate |

J1951

| ICD-10 | ICD-10 Description |
|--------|---------------------------------------|
| E30.1 | Precocious puberty |
| E30.8 | Other disorders of puberty |
| F64.0 | Transsexualism |
| F64.1 | Dual role transvestism |
| F64.2 | Gender identity disorder of childhood |
| F64.8 | Other gender identity disorders |
| F64.9 | Gender identity disorder, unspecified |

J1952 and J1954

| ICD-10 | ICD-10 Description |
|--------|---|
| C06.9 | Malignant neoplasm of mouth, unspecified |
| C07 | Malignant neoplasm of parotid gland |
| C08.0 | Malignant neoplasm of submandibular gland |
| C08.1 | Malignant neoplasm of sublingual gland |
| C08.9 | Malignant neoplasm of major salivary gland, unspecified |
| C61 | Malignant neoplasm of prostate |
| Z85.46 | Personal history of malignant neoplasm of prostate |

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD,

or LCA documents: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

(J1950, J9217, J1952 and J1954)

| Medicare Part B Covered Diagnosis Codes | | |
|--|---------------------------------|-----------------------------------|
| Jurisdiction | NCD/LCA/LCD Document (s) | Contractor |
| 6, K | A52453 | National Government Services, Inc |
| J, M | A59160 | Palmetto GBA |

| Medicare Part B Administrative Contractor (MAC) Jurisdictions | | |
|--|---|---|
| Jurisdiction | Applicable State/US Territory | Contractor |
| E (1) | CA, HI, NV, AS, GU, CNMI | Noridian Healthcare Solutions, LLC |
| F (2 & 3) | AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ | Noridian Healthcare Solutions, LLC |
| 5 | KS, NE, IA, MO | Wisconsin Physicians Service Insurance Corp (WPS) |
| 6 | MN, WI, IL | National Government Services, Inc. (NGS) |
| H (4 & 7) | LA, AR, MS, TX, OK, CO, NM | Novitas Solutions, Inc. |
| 8 | MI, IN | Wisconsin Physicians Service Insurance Corp (WPS) |
| N (9) | FL, PR, VI | First Coast Service Options, Inc. |
| J (10) | TN, GA, AL | Palmetto GBA |
| M (11) | NC, SC, WV, VA (excluding below) | Palmetto GBA |
| L (12) | DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA) | Novitas Solutions, Inc. |
| K (13 & 14) | NY, CT, MA, RI, VT, ME, NH | National Government Services, Inc. (NGS) |
| 15 | KY, OH | CGS Administrators, LLC |