LEUPROLIDE

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Length of Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lupron</td>
<td>Leuprolide</td>
<td>6 Months</td>
</tr>
<tr>
<td>Depot Lupron</td>
<td>Leuprolide</td>
<td>6 Months</td>
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<tr>
<td>Eligard</td>
<td>Leuprolide</td>
<td>6 Months</td>
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</tbody>
</table>

Approvable Criteria:
1. Is the member a male that is 18 years of age or older with a diagnosis of prostate cancer?
   • If yes, approve for 6 months
   • If no, continue to #2.
2. Is the member a female that is 18 years of age or older with a diagnosis of endometriosis or uterine leiomyomata (fibroids)?
   • If yes, approve for up to 6 months
   • If no, continue to 3.
   (3.75 or 11.25 mg dose)
3. Is the member a female less than 11 years of age or a male child less than 12 years of age?
   • If yes, continue to #4.
   • If no, do not approve.
4. Is the member’s diagnosis central precocious puberty (CPP)?
   • If yes, approve for 6 months.
   • If no, do not approve.

QUANTITY LIMITS:
LUPRON DEPOT 45mg = 1 KIT X 180 DAYS
LUPRON DEPOT 30mg = 1 KIT x 120 DAYS
LUPRON DEPOT 11.25 & 22.5mg = 1 KIT X 90 DAYS
LUPRON DEPOT 3.75 & 7.5mg = 1 KIT x 30 DAYS
LUPRON DEPOT-PEDS 7.5, 11.25, & 15mg = 1 KIT x 30 DAYS
LUPRON DEPOT-PEDS 3-Month 11.25 & 30mg = 1 KIT x 90 DAYS
ELIGARD 45mg = 1 KIT x 180 DAYS
ELIGARD 30mg = 1 KIT x 120 DAYS
ELIGARD 22.5mg = 1 KIT x 90 DAYS
ELIGARD 7.5mg = 1 KIT x 30 DAYS

SPECIALTY PHARMACY PRODUCT

Continued on following page...
LEUPROLIDE

FDA Approved Indication:

**Advanced prostatic cancer:** Palliative treatment of advanced prostatic cancer.

**Endometriosis (depot 3.75 and 11.25mg):** Management of endometriosis, including pain relief and reduction of endometriotic lesions. *Recommended duration is 6 months.* Retreatment cannot be recommended since safety data are not available. If the symptoms of endometriosis recur after a course of therapy and further treatment is contemplated, it is recommended that bone density be assessed before retreatment begins to ensure that values are within normal limits.

**Uterine leiomyomata (fibroids) (depot 3.75 and 11.25mg):** Concomitantly with iron therapy for the preoperative hematologic improvement of patients with anemia caused by uterine leiomyomata. *Access bone density prior to retreatment to ensure that values are within normal limits.*

**Central precocious puberty (CPP):** Treatment of children with CPP.

*References:*
- Lupron package prescribing information 2003
- Depot Lupron prescribing information 2003