



UM-CDG-016 Luteinizing Hormone Releasing Hormone
Analogues

Approved By:
Director, Health Services

Effective Date:
10/22/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address luteinizing hormone releasing hormone (LHRH) analogs, which are synthetic analogs of the naturally occurring gonadotropin releasing hormone (GnRH) with greater potency than the naturally occurring hormone, that when administered, inhibits pituitary gonadotropin secretion and suppresses testicular and ovarian steroidogenesis.

The following LHRH drugs have been reviewed by the US Food and Drug Administration (FDA) approved for certain indications.

- Leuprolide acetate (Lupron Depot)
- Goserelin acetate (Zoladex)
- Triptorelin pamoate (Trelstar)
- Histrelin acetate (Vantas)
- Leuprolide mesylate (Camcevi)

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

None

POLICY

SECUR Health Plan considers the use of leuprolide acetate as medically necessary for members with endometriosis, uterine fibroids, advanced prostate cancer, head and neck cancer, ovarian/fallopian tube cancer, primary peritoneal cancer, premenopausal breast cancer, male breast cancer, central precocious puberty (CPP), and palliative treatment of advanced prostate cancer. Additionally, leuprolide mesylate for the treatment of advanced prostate cancer is considered medically necessary.

SECUR Health Plan considers goserelin implant medically necessary for locally confined prostate cancer in combination with flutamide. For stage T2b-T4 (stage B2-C) flutamide is recommended only with radiation in this disease setting. Additionally, goserelin implant is considered medically necessary for advanced breast cancer in premenopausal and perimenopausal women, endometriosis, to thin the endometrial lining of the uterus prior to endometrial ablation for dysfunctional uterine bleeding, and palliative treatment for advanced prostate cancer. SECUR Health Plan considers triptorelin pamoate medically necessary for the treatment of advanced prostate cancer.

SECUR Health Plan consider histrelin acetate implant medically necessary for central precocious puberty (CPP).

SECUR Health Plan considers the following to be not medically necessary:

1. The dose and frequency of administration is not consistent with FDA approved labeling.
2. Administer of these products to members with known allergies to the drug or any of its ingredients.

References:

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13. [Camcevi® \(leuprolide\)](#) . Taipei City, Taiwan: Foresee Pharmaceuticals Co. Ltd; 2021.
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15. NCCN® Clinical Practice Guidelines in Oncology (NCCN® Guidelines). [Head and Neck Cancers](#) . Accessed 9/4/24.
16. NCCN® Clinical Practice Guidelines in Oncology (NCCN® Guidelines). [Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer](#) .
17. NCCN® Clinical Practice Guidelines in Oncology (NCCN® Guidelines). [Prostate Cancer](#) .
18. [Vantas® \(histrelin acetate\)](#) . Chadds Ford, PA: Endo Pharmaceuticals Solutions Inc; 2012.
19. Local Coverage Determination (LCD) L39387, Luteinizing Hormone-Releasing Hormone (LHRH) Analogues, 2/18/2023
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