Reference number(s)
1994-A

SPECIALTY GUIDELINE MANAGEMENT

LUPANETA PACK-1 Month 3.75 mg
LUPANETA PACK-3 Month 11.25 mg
(leuprolide acetate for depot suspension/norethindrone acetate)

POLICY

I. INDICATIONS

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

Lupaneta Pack is indicated for initial management of the painful symptoms of endometriosis and for management of recurrence of symptoms.

Limitations of Use:

Duration of use is limited due to concerns about adverse impact on bone mineral density. The initial treatment course of Lupaneta Pack is limited to six months. A single retreatment course of not more than six months may be administered after the initial course of treatment if symptoms recur. Use of Lupaneta Pack for longer than a total of 12 months is not recommended.

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

II. CRITERIA FOR INITIAL APPROVAL

Endometriosis

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

III. CONTINUATION OF THERAPY

Endometriosis

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

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

IV. REFERENCES

1. Lupaneta Pack [package insert]. North Chicago, IL: AbbVie Inc.; June 2015.