GNRH-LUPRON Prior Authorization

Target Agents:

Lupron-Depot/Lupron Depot-peds

Leuprolide Acetate

Eligard

Diagnosis of Endometriosis

- Patient has tried and failed two oral or injectable depot contraceptives (e.g., Mirena, Liletta, norethindrone, or depo-medroxyprogesterone)
- Patient is at least 18 years of age

Diagnosis of Uterine Fibroids

- Patient has anemia due to uterine leiomyomata or
- Patient will use agent prior to uterine leiomyomata surgery

Diagnosis of Central Precocious Puberty (CPP) ≥ 1 year of age

- For the treatment of pediatric patients with CPP
- Dx is confirmed by GNRH stimulation test
- Bone age is 1 year above the chronological age

Diagnosis of Advanced Prostate Cancer

Gender Dysphoria or GID

- Patient is an **adolescent** and is initiating treatment and all must be met
    - Dx confirmed by a mental health professional trained in child/adolescent developmental psychopathology
    - Sex hormone treatment confirmed by an endocrinologist or clinician that is experienced in pubertal hormone induction treatment
    - The patient does not have any contraindications to treatment
    - Patient has been counseled on the side effects of treatment
    - Pt is 16 years or older, if less than 16 years of age prescriber must provide support for treatment AND a minimum of two prescribers (e.g., psychiatrist,

endocrinologist, primary care physician) have provided consent with a psychiatrist meeting one of the requirements

- Patient, Parent or caretaker has provided consent to treatment
- Patient is able to start treatment. Coexisting psychological, medical or social problems have been addressed
- Patient is continuing sex hormone treatment and is being monitored at least one time per year.

Patient is an adult

- Patient is initiating treatment
- Diagnosis has been confirmed by mental health professional
- Patient has sufficient mental capacity to give consent
- Patient mental health issues are reasonably controlled
- Medical conditions that may be exacerbated by hormone treatment have been evaluated

OR

- The patient is currently on sex hormone treatment and BOTH of the following:

  a. The prescriber has provided information in support of continuing therapy **AND**

  b. The patient is being monitored at least once per year

AND

Specialist consultation: (e.g., gynecologist, obstetrician, oncologist, or endocrinologist)

Initial duration of approval:

Endometriosis 6 months

Uterine fibroids 3 months

All others 12 months

Renewal Criteria:

- Endometriosis- One time approval
- CPP- documentation to support necessity of continued treatment and fusion of epiphyses has not occurred or chronological age is still beyond bone age
- Prostate Cancer- response to therapy
- Gender Dysphoria- response to therapy