

Leuprolide Hormone Therapy

Goal:

- Approve for OHP-funded conditions in children and adolescents up to 16 years of age.

Length of Authorization:

Precocious puberty: through age 12 years in females, age 13 years in males.

Gender dysphoria: through age 16 years.

Requires PA:

- Leuprolide in children and adolescents through 16 years of age.

Approval Criteria

1. What diagnosis is being treated and what is the age and gender of the patient?	Record ICD9 code and age/gender.	
2. Is the patient female and aged <13 years or male and aged <14 years?	Yes: Go to #3	No: Go to #4
3. Is the diagnosis central precocious puberty (CPP)? [precocious sexual development and puberty, ICD-9 259.1] <ul style="list-style-type: none"> • Note CPP is often associated with hydrocephalus, cranial irradiation, Silver-Russell syndrome, hypothalamic tumor, or hamartoma. • All above diagnoses and conditions are rare in children and adolescents. 	Yes: Approve through: <ul style="list-style-type: none"> • Age 12 years for females • Age 13 years for males 	No: Go to #4
4. Is the diagnosis gender dysphoria (ICD-9 302.6, 302.85)?	Yes: Go to #5	No: Pass to RPH; deny for medical appropriateness

Approval Criteria

5. Does the request meet all of the following criteria?
- Diagnosis of gender dysphoria made by a mental health professional with experience treating gender dysphoria.
 - At least 6 months of counseling and psychometric testing for gender dysphoria.
 - Prescribed by or in consultation with a pediatric endocrinologist.
 - Confirmation of puberty (physical changes and hormone levels) no earlier than Tanner Stages 2-3 (bilateral breast budding or doubling to tripling testicular volume).

Yes: Approve through

- Age 16 years

No: Pass to RPH; deny for medical appropriateness

RPH only:

All other indications need to be evaluated as to whether it is an OHP-funded condition. Refer unique situations to Medical Director of DMAP.

P&T / DUR Review: 7/15; 5/15; 9/07
Implementation: TBD; 11/07; 7/09