# 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 ICD10 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-10 E301, E308]<br><br>• Note CPP is often associated with hydrocephalus, cranial irradiation, Silver-Russell syndrome, hypothalamic tumor, or hamartoma.<br>• All above diagnoses and conditions are rare in children and adolescents. | Yes: Approve through:<br><br>• Age 12 years for females<br>• Age 13 years for males | No: Go to #4 |
| 4. Is the diagnosis gender dysphoria (ICD-10 F642, F641)? | Yes: Go to #5 | No: Pass to RPH; deny for medical appropriateness |

## Approval Criteria

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|---|---|---|
| 5. Does the request meet all of the following criteria?<br>• Diagnosis of gender dysphoria made by a mental health professional with experience treating gender dysphoria.<br>• At least 6 months of counseling and psychometric testing for gender dysphoria.<br>• Prescribed by a pediatric endocrinologist.<br>• 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<br><br>• 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.