AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Lupron Depot-PED	Page:	1 of 5
Effective Date:	9/10/2026	Last Review Date:	8/2026

Applies to:	☒Illinois	☐Florida	☐Florida Kids
	☒New Jersey	☐Maryland	☐Michigan
	☒Pennsylvania Kids	☐Virginia	☒Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Lupron Depot-PED under the patient's prescription drug benefit.

Description:

FDA-Approved Indications[1]

Lupron Depot-PED is indicated for the treatment of pediatric patients with central precocious puberty (CPP).

Compendial Uses[9,10]

Gender dysphoria (also known as transgender and gender diverse [TGD] persons)

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

Applicable Drug List:

Lupron Depot-PED

Policy/Guideline:

Documentation
Submission of the following information is necessary to initiate the prior authorization review: For central precocious puberty initial requests, laboratory report or medical record documentation of a pubertal response to a gonadotropin releasing hormone (GnRH) agonist test or a pubertal basal level of luteinizing hormone (LH) on a third-generation LH assay.

Prescriber Specialties[12]

For gender dysphoria, the medication must be prescribed by or in consultation with a provider specialized in the care of transgender youth (e.g., pediatric endocrinologist, family or internal medicine physician, obstetrician-gynecologist) that has collaborated care with a mental health provider for members less than 18 years of age.

Coverage Criteria

Central Precocious Puberty (CPP)[1-8]

Authorization of 12 months may be granted for treatment of CPP when all of the following criteria are met:

- The diagnosis of CPP has been confirmed by either of the following criteria based on laboratory reference range:
  - A pubertal response to a gonadotropin releasing hormone (GnRH) agonist test
  - A pubertal basal level of luteinizing hormone (LH) on a third-generation LH assay
- The assessment of bone age versus chronological age supports the diagnosis of CPP.
- The member meets either of the following criteria:
  - The member is a female and was less than 8 years of age at the onset of secondary sexual characteristics.
  - The member is a male and was less than 9 years of age at the onset of secondary sexual characteristics.
- The pathologic cause of CPP has been assessed (e.g., imaging screening for intracranial tumors, genetic testing for familial CPP [e.g., MKRN3 or DLK1 variants]).

Gender Dysphoria[9,10]

Authorization of 12 months may be granted for pubertal hormonal suppression in an adolescent member who is seeking gender-affirming care when all of the following criteria are met:

- The member has a diagnosis of gender dysphoria.
- The member is able to make an informed decision to engage in treatment.
- The member has reached Tanner stage 2 of puberty or greater.
- The member's comorbid conditions are reasonably controlled.
- The member has been educated on any contraindications and side effects to therapy.
- The member has been informed of fertility preservation options.

Authorization of 12 months may be granted for gender transition in a member who is seeking gender-affirming care when all of the following criteria are met:

- The member has a diagnosis of gender dysphoria.
- The member is able to make an informed decision to engage in treatment.
- The member will receive the requested medication concomitantly with gender-affirming hormones.
- The member's comorbid conditions are reasonably controlled.
- The member has been educated on any contraindications and side effects to therapy.
- The member has been informed of fertility preservation options.

Continuation of Therapy

Central Precocious Puberty (CPP)[2,4,7]

Authorization of up to 12 months may be granted for continued treatment of CPP when the member meets both of the following criteria:

- The member is either a female less than 12 years of age or a male less than 13 years of age.
- The member is not experiencing treatment failure (e.g., clinical pubertal progression, lack of growth deceleration, continued excessive bone age advancement).

Gender Dysphoria[11]

Authorization of 12 months may be granted for continued treatment for pubertal hormonal suppression in an adolescent member who is seeking gender-affirming care and requesting reauthorization when all of the following criteria are met:

- The member has a diagnosis of gender dysphoria.
- The member is able to make an informed decision to engage in treatment.
- The member has previously reached Tanner stage 2 of puberty or greater.
- The member's comorbid conditions are reasonably controlled.
- The member has been educated on any contraindications and side effects to therapy.
- Before the start of therapy, the member has been informed of fertility preservation options.

Authorization of 12 months may be granted for continued treatment for gender transition in a member who is seeking gender-affirming care and requesting reauthorization when all of the following criteria are met:

- The member has a diagnosis of gender dysphoria.
- The member is able to make an informed decision to engage in treatment.
- The member will receive the requested medication concomitantly with gender-affirming hormones.
- The member's comorbid conditions are reasonably controlled.
- The member has been educated on any contraindications and side effects to therapy.
- Before the start of therapy, the member has been informed of fertility preservation options.

Other

Per state regulatory guidelines around gender dysphoria, age restrictions may apply.

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 months

References:

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5. Bangalore Krishna K, Silverman LA. Diagnosis of central precocious puberty. Endocrinol Metab Clin North Am. 2024;53(2):217-227.
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8. Popovic J, Geffner ME, Rogol AD, et al. Gonadotropin-releasing hormone analog therapies for children with central precocious puberty in the United States. Front Pediatr. 2022;10:968485. doi:10.3389/fped.2022.968485

9. Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab. 2017:102(11):3869-3903.
10. Coleman E, Radix AE, Brown GR, et al. Standards of care for the health of transgender and gender diverse people, version 8. 2022;23(Suppl 1):S1-S259. doi: 10.1080/26895269.2022.2100644
11. Mahfouda S, Moore JK, Siafarikas A, et al. Puberty Suppression in transgender children and adolescents. Lancet Diabetes Endocrinol. 2017;5(10):816-826.
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