Approve Lupron Depot, Eligard, or Lupron Depot-Ped for 1 year if prescribed by or in consultation with an endocrinologist or a physician who specializes in the treatment of transgender patients.

The Endocrine Society guideline (2009) for treatment of transsexual persons recommends that adolescents who fulfill eligibility criteria for gender reassignment initially undergo treatment to suppress pubertal development. The guidelines recommend that suppression of pubertal hormones start when girls and boys first exhibit physical changes of puberty, but no earlier than Tanner stages 2 to 3 (early puberty). According to the guidelines, suppression of pubertal development and gonadal function is most effectively accomplished by GnRH analogs and antagonists. However, since no long-acting GnRH antagonists are available, long-acting analogs are the currently preferred treatment option. An advantage of GnRH therapy is noted to be its reversibility; pubertal suppression can be discontinued and spontaneous pubertal development will resume immediately after stopping GnRH analog therapy. The World Professional Association for Transgender Health (WPATH) Standards of Care (version 7) document also recommends the use of GnRH analogs in both male and female adolescents as a fully reversible intervention for pubertal suppression. Although too late to block endogenous pubertal development, GnRH analogs can also be used in late pubertal patients to suppress the hypothalamic-pituitary-gonadal axis, potentially allowing for lower doses of cross-sex hormones. In addition to use in adolescents, GnRH analog therapy is also used in adults, particularly MTF patients. In the professional opinion of a practicing specialist physician reviewing the available guidelines, we have adopted this criterion.