VENTURA COUNTY
HEALTH CARE PLAN

Prior Authorization DRUG Guidelines

CETROTIDE® (Cetrorelix)

Effective Date: 7/28/05

Date Developed: 7/14/05 by C. Wilhelmy MD

Last Approval Date: 1/26/16, 1/24/17, 1/23/18, 1/22/19, 2/18/20

Cetrotide is a Gonadotropin Releasing Hormone Antagonist. It competes with naturally occurring GnRH for binding on receptors of the pituitary. This delays luteinizing hormone surge, preventing ovulation until the follicles are of adequate size.

Pre-Authorization Criteria:

to inhibit premature luteinizing hormone (LH) surges in women undergoing controlled ovarian stimulation.

Note:
VCHCP requires that Cetrotide be prescribed by an infertility specialistand

ultrasound monitoring to assess follicle size

DOSING: ADULTS see Lexi-Comp Online™ for details.

DOSING: ELDERLY — Not intended for use in women 65 years of age (Phase 2 and Phase 3 studies included women 19-40 years of age).

DOSING: RENAL IMPAIRMENT
Severe impairment: Use is contraindicated.

ADMINISTRATION — Cetrorelix is administered by SubQ injection following proper aseptic technique procedures. Injections should be to the lower abdomen, preferably around the navel (but staying at least 1 inch from the navel). The injection site should be rotated daily. The needle should be inserted completely into the skin at a 45-degree angle.

CONTRAINDICATIONS — Hypersensitivity to cetrorelix or any component of the formulation; extrinsic peptide hormones, mannitol, gonadotropin releasing hormone (GnRH) or GnRH analogs; severe renal impairment; pregnancy

WARNINGS / PRECAUTIONS — Should only be prescribed by fertility specialists.

Monitor carefully after first injection for possible hypersensitivity reactions. Use caution in women with active allergic conditions or a history of allergies; use in women with severe allergic conditions is not recommended. Pregnancy should be excluded before treatment is begun.

PREGNANCY RISK FACTOR — X

PREGNANCY IMPLICATIONS — Animal studies have shown fetal resorption and implantation losses following administration. Resorption resulting in fetal loss would be expected if used in a pregnant woman.

LACTATION — Excretion in breast milk unknown/not recommended

PATIENT EDUCATION — An instructional leaflet will be provided if you will be administering this medication to yourself. Instructions will be given on how to administer SubQ injections and proper disposal of syringes and needles. Give at a similar time each day as instructed by prescriber. Do not skip doses. Keep all ultrasound appointments. Report any sudden weight gain, abdominal discomfort, or shortness of breath to prescriber. Do not take if pregnant.

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