

Prior Authorization DRUG Guidelines

CLOMID (CLOMIPHENE)

Effective Date: 7/28/05

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

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Clomid is a Selective Estrogen Receptor Modulator (SERM). It induces ovulation by stimulating the release of pituitary gonadotropins. It is a racemic mixture consisting of zuclophene and enclomiphene and inhibits estrogen feedback at the level of the hypothalamus. This results in GnRH secretion and subsequent pituitary release of FSH and LH, causing growth of ovarian follicles followed by follicular rupture.

Pre-Authorization Criteria:

-Treatment of ovulatory dysfunction in patients desiring pregnancy. Patients with polycystic ovary syndrome (PCOS), amenorrhea-galactorrhea syndrome, psychogenic amenorrhea, post oral contraceptive amenorrhea, and some cases of secondary amenorrhea of undetermined cause may most likely benefit from clomiphene therapy

DOSING: ADULTS

Ovulation induction: Note: Time intercourse to coincide with the expected time of ovulation (usually 5 to 10 days after a clomiphene course).

Initial course: Oral: 50 mg once daily for 5 days. Begin on or about the fifth day of cycle if progestin-induced bleeding is scheduled or spontaneous uterine bleeding occurs prior to therapy. Therapy may be initiated at any time in patients with no recent uterine bleeding.

Dose adjustment: Oral: Subsequent doses may be increased to 100 mg once daily for 5 days only if ovulation does not occur at the initial dose. A lower dose of 25 mg may be used in patients sensitive to clomiphene or who consistently develop large ovarian cysts.

Repeat courses: If needed, the 5-day cycle may be repeated as early as 30 days after the previous one. Exclude the presence of pregnancy. The lowest effective dose should be used.

Maximum dose/duration of therapy: Oral: 100 mg once daily for 5 days for up to 6 cycles. Discontinue if ovulation does not occur after 3 courses of treatment; or if 3 ovulatory responses occur but pregnancy is not achieved.

NOTE: Long-term therapy (>6 cycles) is not recommended. Re-evaluate if menses does not occur following ovulatory response. Doses >100 mg once daily are not recommended by the manufacturer.

NOTE: Clomiphene is not approved for the treatment of male infertility

NOTE: VCHCP requires that:

- Doses in excess of 150mg daily for 5 days be prescribed by a fertility specialist.
- Doses up to 150mg daily for 5 days **may** be prescribed by a family practitioner who has experience treating infertility

DOSAGE FORMS - Tablet, as citrate: 50 mg

CONTRAINDICATIONS - Hypersensitivity to clomiphene citrate or any of its components; liver disease; abnormal uterine bleeding; enlargement or development of ovarian cyst; uncontrolled thyroid or adrenal dysfunction in the presence of an organic intracranial lesion such as pituitary tumor; pregnancy

PRECAUTIONS - Use with caution in patients unusually sensitive to pituitary gonadotropins (eg, PCOS); a lower dose may be necessary. Prolonged use may increase the risk of borderline or invasive ovarian cancer. Women with, or a family history of, hyperlipidemia may be at increased risk of hypertriglyceridemia. Pancreatitis has been reported. Ovarian hyperstimulation syndrome (OHSS), a rare, exaggerated response to ovulation induction therapy manifest by severe abdominal pain, nausea/vomiting (intractable). Clomiphene may decrease lactation.

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