Ganirelix Acetate is a gonadotropin releasing hormone antagonist which competitively blocks the gonadotropin-release hormone receptors on the pituitary gonadotroph and transduction pathway. This suppresses gonadotropin secretion and luteinizing hormone secretion preventing ovulation until the follicles are of adequate size.

Pre-Authorization Criteria: Ganirelix is used to inhibit premature luteinizing hormone (LH) surges in non-pregnant women without primary ovarian failure who will undergo controlled ovarian hyper-stimulation.

NOTE: must be prescribed by an infertility specialist.

Dosing: Adult:
Adjunct to controlled ovarian hyperstimulation: SubQ: 250 mcg/day during the mid-to-late phase after initiating follicle-stimulating hormone on day 2 or 3 of cycle. Treatment should be continued daily until the day of chorionic gonadotropin administration.

Dosing: Pediatric:
Pediatric dosing is currently unavailable or not applicable for this drug.

Dosing: Geriatric:
Refer to adult dosing.

Dosing: Renal Impairment:
No dosage adjustment provided in manufacturer’s labeling (has not been studied).

Dosing: Hepatic Impairment:
No dosage adjustment provided in manufacturer’s labeling (has not been studied).

Dosage Forms: U.S.:
Excipient information presented when available (limited, particularly for generics); consult specific product labeling.
Solution, Subcutaneous, as acetate:
Generic: 250 mcg/0.5 mL (0.5 mL)

Generic Equivalent Available: U.S.-Yes
Administration:
Administer SubQ in abdomen (around upper navel) or upper thigh; rotate injection site.

Hazardous agent; use appropriate precautions for handling and disposal [NIOSH, 2012].

Adverse Reactions:
Anaphylactoid reaction, fetal harm or death, ovarian hyperstimulation syndrome, abdominal pain, nausea, pelvic pain, vaginal bleeding, loac injection site reaction, headache, neutrophils increased.

References:

REVISION HISTORY:
Date Reviewed/No Updates: 1/13/15 by C. Sanders, MD
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Date Reviewed/Archived: 1/1/18 by C. Sanders, MD; R. Sterling, MD
Date Approved by P&T Committee: 1/23/18

<table>
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<th>Content Revised (Yes/No)</th>
<th>Contributors</th>
<th>Review/Revision Notes</th>
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<td>Catherine Sanders, MD; Robert Sterling, MD</td>
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