Montana Healthcare Programs
Physician Administered Drug Coverage Criteria

SUPPRELIN LA® (histrelin acetate)

I. Medication Description

Supprelin LA® is a gonadotropin releasing hormone (GnRH) agonist indicated for:

- Treatment of children with central precocious puberty (CPP).

II. Position Statement

Coverage is determined through a prior authorization process **that must include** supporting clinical documentation for each request.

III. Initial Coverage Criteria

Member must meet all the following criteria:

- Must be prescribed by a pediatric endocrinology specialist.
- Member is ≥2 years of age and has not yet reached the appropriate time point for the onset of puberty (approximately 11 years for females and 12 years for males), as determined at the discretion of the prescriber.
- Member has had early onset of secondary sexual characteristics (onset earlier than 8 years of age in females and 9 years of age in males).
- Member has a diagnosis of Central Precocious Puberty (CPP) that has been confirmed by a pediatric endocrinology specialist.
- The prescriber agrees to document and monitor LH, FSH, and estradiol or testosterone at baseline, 1 month post-implantation, then every 6 months thereafter, in addition to height (for calculation of height velocity) and bone age at baseline and every 6-12 months.
- Member is not pregnant.
- Member must have had an inadequate response, intolerance, or contraindication to Lupron Depo Ped (1 month) or Lupron Depo Ped (3 month).

IV. Renewal Coverage Criteria

- Member's use of Supprelin LA® is being monitored by pediatric endocrinology specialist.
- Member has been compliant with Supprelin LA® treatment.
- Member has not yet reached the appropriate time point for the onset of puberty (approximately 11 years for females and 12 years for males), as determined at the discretion of the prescriber.
- Prescriber attests that member has had a positive clinical response to Supprelin LA®.
- Prescriber attests that the following is being monitored:
    - LH, FSH, and estradiol or testosterone at 1 month post-implantation, then every 6 months thereafter.
    - Height (for calculation of height velocity) and bone age every 6-12 months.

V. Quantity Limitations

Max of one 50mg implant inserted SQ every 12 months.

VI. Coverage Duration

Initial approval duration: 1 year
Renewal approval duration: 1 year