

Medical Policy Manual **Draft Revised Policy: Do Not Implement**

Histrelin **Acetate** (Supprelin® LA)

IMPORTANT REMINDER

We develop Medical Policies to provide guidance to Members and Providers. This Medical Policy relates only to the services or supplies described in it. The existence of a Medical Policy is not an authorization, certification, explanation of benefits or a contract for the service (or supply) that is referenced in the Medical Policy. For a determination of the benefits that a Member is entitled to receive under his or her health plan, the Member's health plan must be reviewed. If there is a conflict between the medical policy and a health plan or government program (e.g., TennCare), the express terms of the health plan or government program will govern.

**The proposal is to add text/statements in red and to delete text/statements with strikethrough:
POLICY**

INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

Supprelin LA is indicated for the treatment of children with central precocious puberty (CPP).

Compendial Uses

- Gender dysphoria (also known as transgender and gender diverse (TGD) persons)
- Preservation of ovarian function
- Prevention of recurrent menstrual related attacks in acute porphyria

All other indications are considered experimental/investigational and not medically necessary.

DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review: For central precocious puberty, laboratory report or medical record of a pubertal response to a gonadotropin releasing hormone (GnRH) agonist test or a pubertal level of a third-generation luteinizing hormone (LH) assay.

PRESCRIBER SPECIALTIES

Gender dysphoria

The medication must be prescribed by or in consultation with a provider specialized in the care of transgender youth (e.g., pediatric endocrinologist, family or internal medicine physician, obstetrician-gynecologist) that has collaborated care with a mental health provider for members less than 18 years of age.

Prevention of recurrent menstrual related attacks in acute porphyria

The medication must be prescribed by or in consultation with a provider experienced in the management of porphyrias.

COVERAGE CRITERIA FOR INITIAL APPROVAL

Central precocious puberty (CPP)

Medical Policy Manual **Draft Revised Policy: Do Not Implement**

Authorization of 12 months may be granted for treatment of CPP ~~in a female member~~ when all of the following criteria are met:

- ~~Member has been evaluated for intracranial tumors (e.g., lab tests, computed tomography [CT] scan, magnetic resonance imaging [MRI]).~~
- The diagnosis of CPP has been confirmed by a pubertal response to a gonadotropin releasing hormone (GnRH) agonist test or a pubertal level of a third-generation luteinizing hormone (LH) assay.
- The assessment of bone age versus chronological age supports the diagnosis of CPP.
- The member meets either of the following criteria:**
 - The member is a female and was less than 8 years of age at the onset of secondary sexual characteristics.**
 - The member is a male and was less than 9 years of age at the onset of secondary sexual characteristics.**
- The pathologic cause of CPP has been assessed (e.g., imaging screening for intracranial tumors, genetic testing for familial CPP [e.g., MKRN3 or DLK1 mutations]).**

~~Authorization of 12 months may be granted for treatment of CPP in a male member when all of the following criteria are met:~~

- ~~Member has been evaluated for intracranial tumors (e.g., lab tests, CT scan, MRI).~~
- ~~The diagnosis of CPP has been confirmed by a pubertal response to a GnRH agonist test or a pubertal level of a third-generation LH assay.~~
- ~~The assessment of bone age versus chronological age supports the diagnosis of CPP.~~
- ~~The member was less than 9 years of age at the onset of secondary sexual characteristics.~~

Gender dysphoria

*Individual is age 18 or older or the individual is less than age 18 as permissive under applicable law

Authorization of 12 months may be granted for pubertal hormonal suppression in an adolescent member when all of the following criteria are met:

- The member has a diagnosis of gender dysphoria.
- The member is able to make an informed decision to engage in treatment.
- The member has reached Tanner stage 2 of puberty or greater.
- The member's comorbid conditions are reasonably controlled.
- The member has been educated on any contraindications and side effects to therapy.
- The member has been informed of fertility preservation options.

Authorization of 12 months may be granted for gender transition when all of the following criteria are met:

- The member has a diagnosis of gender dysphoria.
- The member is able to make an informed decision to engage in treatment.
- The member will receive the requested medication concomitantly with gender-affirming hormones.
- The member's comorbid conditions are reasonably controlled.
- The member has been educated on any contraindications and side effects to therapy.
- The member has been informed of fertility preservation options.

Preservation of ovarian function

Authorization of 3 months may be granted for preservation of ovarian function when the member is premenopausal and undergoing chemotherapy.

Prevention of recurrent menstrual related attacks in acute porphyria

Medical Policy Manual **Draft Revised Policy: Do Not Implement**

Authorization of 12 months may be granted for prevention of recurrent menstrual related attacks in members with acute porphyria.

CONTINUATION OF THERAPY

Central precocious puberty (CPP)

Authorization of up to 12 months may be granted for **continued treatment** ~~continuation of therapy~~ for CPP in a ~~female member if the member is currently less than 12 years of age and the~~ **when the member meets all** both of the following **criteria**:

- The member is currently receiving the requested medication through a paid pharmacy or medical benefit.
- **The member is either a female less than 12 years of age or a male less than 13 years of age.**
- The member is not experiencing treatment failure (e.g., clinical pubertal progression, lack of growth deceleration, continued excessive bone age advancement).

~~Authorization of up to 12 months may be granted for continuation of therapy for CPP in a male member if the member is currently less than 13 years of age and the member meets both of the following:~~

- ~~• The member is currently receiving the requested medication through a paid pharmacy or medical benefit.~~
- ~~• The member is not experiencing treatment failure (e.g., clinical pubertal progression, lack of growth deceleration, continued excessive bone age advancement).~~

Gender dysphoria

*Individual is age 18 or older or the individual is less than age 18 as permissive under applicable law

Authorization of 12 months may be granted for continued treatment for pubertal hormonal suppression in adolescent members requesting reauthorization when all of the following criteria are met:

- The member has a diagnosis of gender dysphoria.
- The member is able to make an informed decision to engage in treatment.
- The member has previously reached Tanner stage 2 of puberty or greater.
- The member's comorbid conditions are reasonably controlled.
- The member has been educated on any contraindications and side effects to therapy.
- Before the start of therapy, the member has been informed of fertility preservation options.

Authorization of 12 months may be granted for continued treatment for gender transition in members requesting reauthorization when all of the following criteria are met:

- The member has a diagnosis of gender dysphoria.
- The member is able to make an informed decision to engage in treatment.
- The member will receive the requested medication concomitantly with gender-affirming hormones.
- The member's comorbid conditions are reasonably controlled.
- The member has been educated on any contraindications and side effects to therapy.
- Before the start of therapy, the member has been informed of fertility preservation options.

All other indications

All members (including new members) requesting authorization for continuation of therapy must meet **all requirements in the coverage** ~~initial authorization~~ criteria.

OTHER

Per state regulatory guidelines around gender dysphoria, age restrictions may apply.

Medical Policy Manual **Draft Revised Policy: Do Not Implement**

APPLICABLE TENNESSEE STATE MANDATE REQUIREMENTS

BlueCross BlueShield of Tennessee's Medical Policy complies with Tennessee Code Annotated Section 56-7-2352 regarding coverage of off-label indications of Food and Drug Administration (FDA) approved drugs when the off-label use is recognized in one of the statutorily recognized standard reference compendia or in the published peer-reviewed medical literature.

ADDITIONAL INFORMATION

For appropriate chemotherapy regimens, dosage information, contraindications, precautions, warnings, and monitoring information, please refer to one of the standard reference compendia (e.g., the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) published by the National Comprehensive Cancer Network®, Drugdex Evaluations of Micromedex Solutions at Truven Health, or The American Hospital Formulary Service Drug Information).

REFERENCES

1. Supprelin LA [package insert]. Malvern, PA: Endo Pharmaceuticals Inc.; April 2022.
2. Kletter GB, Klein KO, Wong YY. A pediatrician's guide to central precocious puberty. Clin Pediatr. 2015;54:414-424.
3. Carel J, Eugster EA, Rogol A, et al. Consensus statement on the use of gonadotropin-releasing hormone analogs in children. Pediatrics. 2009;123:e752-e762.
4. Bangalore Krishna K, Fuqua JS, Rogol AD, et al. Use of gonadotropin-releasing hormone analogs in children: Update by an international consortium. Horm Res Paediatr. 2019;91(6):357-372.
5. Bangalore Krishna K, Silverman LA. Diagnosis of central precocious puberty. Endocrinol Metab Clin North Am. 2024;53(2):217-227.
6. Houk CP, Kunselman AR, Lee PA. Adequacy of a single unstimulated luteinizing hormone level to diagnose central precocious puberty in girls. Pediatrics. 2009;123:e1059-e1063.
7. Kaplowitz P, Bloch C, the Section on Endocrinology. Evaluation and referral of children with signs of early puberty. Pediatrics. 2016;137:e20153732.
8. Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: an Endocrine Society clinical practice guideline. J Clin Endocrinol Metab. 2017;102(11):3869-3903.
9. Gender Identity Research and Education Society. Guidance for GPs and other clinicians on the treatment of gender variant people. UK Department of Health. Published March 10, 2008.
10. Coleman E., Radix AE, Brown GR, et al. Standards of care for the health of transgender and gender diverse people, version 8. 2022;23(Suppl 1):S1-S259. doi: 10.1080/26895269.2022.2100644
11. Moore HCF, Unger JM, Phillips K-A, et al. Goserelin for ovarian protection during breast-cancer adjuvant chemotherapy. N Engl J Med. 2015;372:923-32. doi:10.1056/NEJMoa1413204.
12. Clowse MEB, Behera MA, Anders CK, et al. Ovarian preservation by GnRH agonists during chemotherapy: a meta-analysis. J Womens Health (Larchmt). 2009 Mar; 18(3): 311-319. doi:10.1089/jwh.2008.0857
13. Stein P, Badminton M, Barth J, et al. Rees D, Stewart MF; British and Irish Porphyria Network. Best practice guidelines on clinical management of acute attacks of porphyria and their complications. Ann Clin Biochem. 2013 May;50(Pt 3):217-23.
14. Innala, E, Bäckström, T, Bixo M, et al. M, Andersson, C. Evaluation of gonadotrophin-releasing hormone agonist treatment for prevention of menstrual-related attacks in acute porphyria. Acta Obstet Gynecol 2010;89:95-100.
15. Cheuiche AV, da Silveira LG, de Paula LCP, et al. Lucena IRS, Silveiro SP. Diagnosis and management of precocious sexual maturation: an updated review. Eur J Pediatr. 2021;180(10):3073-3087.
16. Mahfouda S, Moore JK, Siafarikas A, et al. Puberty suppression in transgender children and adolescents. Lancet Diabetes Endocrinol. 2017; 5: 816-26.

Medical Policy Manual **Draft Revised Policy: Do Not Implement**

17. Health Care for Transgender and Gender Diverse Individuals. ©2021 The American College of Obstetricians and Gynecologists. Available at: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/03/health-care-for-transgender-and-gender-diverse-individuals>.
18. Popovic J, Geffner ME, Rogol AD, et al. Gonadotropin-releasing hormone analog therapies for children with central precocious puberty in the United States. *Front Pediatr*. 2022;10:968485. doi:10.3389/fped.2022.968485

EFFECTIVE DATE

ID_CHS