



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  $\geq 2$  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, one month post-implantation, then every six 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 member has had a positive clinical response to Supprelin LA®.
- Prescriber attests the following is being monitored:
  - LH, FSH and estradiol or testosterone at one month post-implantation, then every six 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