

PHARMACY POLICY STATEMENT

Ohio Medicaid

DRUG NAME	Supprelin LA (histrelin acetate)
BILLING CODE	J9226 (1 unit = 1 implant)
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Office/Outpatient
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) Alternative preferred product includes Lupron PED QUANTITY LIMIT— 1 implant every 12 months
LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY	Click Here

Supprelin LA (histrelin acetate) is a **non-preferred** product and will only be considered for coverage if the following criteria are met:

2. Member has
3. Member has the following:
 - a) Pubertal n
 - levels of b
 - b) Bone age
4. Medication m
5. Member's ba
- with chart not
6. **Dosage allow**

DATE	ACTION/DESCRIPTION
07/22/2020	New policy for Supprelin LA created.

References:

1. Supprelin LA [package insert]. Malvern, PA: Endo Pharmaceuticals, Inc.; November, 2019.
2. ClinicalTrials.gov. Histrelin subcutaneous implant in children with central precocious puberty. Identifier: NCT00779103. Available at: <https://clinicaltrials.gov/ct2/show/NCT00779103>.
3. Chen M, Eugster EA. Central Precocious Puberty: Update on Diagnosis and Treatment. *Paediatr Drugs*. 2015;17(4):273-281.
4. Carel JC, Eugster EA, Rogol A, et al; ESPE-LWPES GnRH Analogs Consensus Conference Group. Consensus statement on the use of gonadotropin-releasing hormone analogs in children. *Pediatrics*. 2009;123(4).
5. Creo AL, Schwenk WF. Bone age: a handy tool for pediatric providers. *Pediatrics*. Dec 2017, 140 (6) e20171486.
6. Klein KO. Precocious puberty: who has it? Who should be treated?. *J Clin Endocrinol Metab*. 1999;84(2):411-414.

Effective date: 10/20/2020

Revised date: 07/22/2020