Pharmacy Drug Policy Checklist

POLICY NAME	Supprelin LA (histrelin acetate)	POLICY #	1922P

Criteria

Coverage Criteria for Central Precocious Puberty (CPP)

- ☐ **1.1** Onset of pubertal symptoms (such as breast development, breast growth, etc) occurred before 8 years of age in females and before 9 years of age in males
- ☐ **1.2** Documented pubertal response with a GnRH agonist, such as leuprolide
  - Luteinizing hormone (LH) and follicle-stimulating hormone (FSH) are measured by blood test
  - Upper limit for LH is 3.3 to 5 mIU/ml suggest CPP
  - LH:FSH ratio greater than 0.66 suggest CPP
- ☐ **1.3** Bone age is 2 standard deviations (SD) beyond chronological age
- ☐ **1.4** Documented imaging tests to rule out brain tumor or steroid secreting tumor
- ☐ **1.5** Documented lab testing for adrenal steroid levels to rule out congenital adrenal hyperplasia and adrenal tumors:
  - Early morning 17-OHP concentration between 82ng/dl and 200ng/dl should indicate non-classical congenital adrenal hyperplasia (CAH) and ACTH stimulation testing should be performed, OR
  - Concentrations 200ng/dl indicate a high sensitivity and specificity for non-classical CAH and ACTH testing may still be performed

Coverage Criteria for Puberty Suppression in Adolescents with Gender Incongruence (Illinois fully- insured and select Illinois self-funded plans)

- ☐ **2.1** Prior authorization is prohibited per section 356z.60 of the Illinois Insurance code
- ☐ **2.2** The health plan has measures in place to allow for claims to process at $0 cost share without prior authorization being required
- ☐ **2.3** For further questions, please contact the plan

Coverage Criteria for Puberty Suppression in Adolescents with Gender Incongruence (all other members)

- ☐ **3.1** A health care provider with experience prescribing or delivering gender-affirming treatment has confirmed all of the following
  - The adolescent has demonstrated a long-lasting and intense pattern of gender nonconformity or gender incongruence (whether suppressed or expressed),

- Gender incongruence worsened with the onset of puberty,
- Any coexisting psychological, medical, or social problems that could interfere with treatment (e.g., that may compromise treatment adherence) have been addressed, such that the adolescent's situation References and functioning are stable enough to start treatment,
- The adolescent has sufficient mental capacity to give informed consent to this (reversible) treatment

☐ **3.2** The adolescent meets all of the following

- Has been informed of the effects and side effects of treatment (including potential loss of fertility if the individual subsequently continues with sex hormone treatment) and options to preserve fertility,
- Has given informed consent – For members less than 18 years old, informed consent must be provided by the member's legal guardian unless state or federal legislation allows for the treatment without the informed consent of a legal guardian

☐ **3.3** A pediatric endocrinologist (hormone doctor) or other clinician experienced in pubertal assessment indicates the following:

- Agrees with the indication for GnRH agonist treatment,
- Has confirmed that puberty has started in the adolescent (Tanner stage G2/B2),
- Has confirmed that there are no medical contraindications to GnRH agonist treatment.

☐ **3.4** Authorization: 12 months