

# SPECIALTY GUIDELINE MANAGEMENT

## Supprelin LA (histrelin acetate)

### POLICY

#### I. 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.

##### A. FDA-Approved Indication

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

##### B. Compendial Uses

1. Gender dysphoria (also known as gender non-conforming or transgender persons)
2. Preservation of ovarian function
3. Prevention of recurrent menstrual related attacks in acute porphyria

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

#### II. DOCUMENTATION

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

#### III. PRESCRIBER SPECIALTIES

For 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 patients less than 18 years of age.

#### IV. CRITERIA FOR INITIAL APPROVAL

##### A. **Central precocious puberty (CPP)**

1. Authorization of 12 months may be granted for treatment of CPP in a female member when all of the following criteria are met:
  - i. Intracranial tumor has been evaluated by appropriate lab tests and diagnostic imaging, such as computed tomography (CT scan), magnetic resonance imaging (MRI), or ultrasound.
  - ii. 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.
  - iii. The assessment of bone age versus chronological age supports the diagnosis of CPP.
  - iv. The member was less than 8 years of age at the onset of secondary sexual characteristics.

2. Authorization of 12 months may be granted for treatment of CPP in a male member when all of the following criteria are met:
  - i. Intracranial tumor has been evaluated by appropriate lab tests and diagnostic imaging, such as CT scan, MRI, or ultrasound.
  - ii. 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.
  - iii. The assessment of bone age versus chronological age supports the diagnosis of CPP.
  - iv. The member was less than 9 years of age at the onset of secondary sexual characteristics.

#### **B. Gender dysphoria**

1. Authorization of 12 months may be granted for pubertal hormonal suppression in an adolescent member when all of the following criteria are met:
  - i. The member has a diagnosis of gender dysphoria.
  - ii. The member has reached Tanner stage 2 of puberty or greater.
  - iii. The member's comorbid conditions are reasonably controlled.
  - iv. The member has been educated on any contraindications and side effects to therapy.
  - v. The member has been informed of fertility preservation options.
2. Authorization of 12 months may be granted for gender transition when all of the following criteria are met:
  - i. The member has a diagnosis of gender dysphoria.
  - ii. The member will receive Supprelin LA concomitantly with gender-affirming hormones.
  - iii. The member's comorbid conditions are reasonably controlled.
  - iv. The member has been educated on any contraindications and side effects to therapy.
  - v. The member has been informed of fertility preservation options.

#### **C. Preservation of ovarian function**

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

#### **D. Prevention of recurrent menstrual related attacks in acute porphyria**

Authorization of 12 months may be granted for prevention of recurrent menstrual related attacks in members with acute porphyria when the requested medication is prescribed by or in consultation with a physician experienced in the management of porphyrias.

### **V. CONTINUATION OF THERAPY**

#### **A. Central precocious puberty (CPP)**

1. Authorization of up to 12 months may be granted for continuation of therapy for CPP in a female member if the member is currently less than 12 years of age and the member meets both of the following:
  - i. The member is currently receiving the requested medication through a paid pharmacy or medical benefit.
  - ii. The member is not experiencing treatment failure such as clinical pubertal progression, lack of growth deceleration, and continued excessive bone age advancement.
2. 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:
  - i. The member is currently receiving the requested medication through a paid pharmacy or medical benefit.

Reference number(s)
1973-A

- ii. The member is not experiencing treatment failure such as clinical pubertal progression, lack of growth deceleration, and continued excessive bone age advancement.

## B. Gender Dysphoria

1. 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:
  - i. The member has a diagnosis of gender dysphoria.
  - ii. The member has previously reached Tanner stage 2 of puberty or greater.
  - iii. The member's comorbid conditions are reasonably controlled.
  - iv. The member has been educated on any contraindications and side effects to therapy.
  - v. Before the start of therapy, the member has been informed of fertility preservation options.
2. 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:
  - i. The member has a diagnosis of gender dysphoria.
  - ii. The member will receive Supprelin LA concomitantly with gender-affirming hormones.
  - iii. The member's comorbid conditions are reasonably controlled.
  - iv. The member has been educated on any contraindications and side effects to therapy.
  - v. Before the start of therapy, the member has been informed of fertility preservation options.

## C. All other indications

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

## VI. REFERENCES

1. Supprelin LA [package insert]. Malvern, PA: Endo Pharmaceuticals Solutions Inc.; November 2019.
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. Bangalor 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. 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.
6. Kaplowitz P, Bloch C, the Section on Endocrinology. Evaluation and referral of children with signs of early puberty. *Pediatrics*. 2016;137:e20153732.
7. Clinical Consult: CVS Caremark Clinical Programs Review. Focus on Pediatric Endocrinology Clinical Programs. May 15, 2013.
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. Standards of care for the health of transsexual, transgender, and gender-nonconforming people, 7th version. ©2012 World Professional Association for Transgender Health. Available at <http://www.wpath.org>.
11. Clinical Consult: CVS Caremark Clinical Programs Review. Focus on Pediatric Endocrinology Clinical Programs. March 18, 2019.
12. 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.

Reference number(s)
1973-A

13. 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
14. Stein P, Badminton M, Barth J, 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.
15. Innala, E, Bäckström, T, Bixo, 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.
16. Clinical Consult: CVS Caremark Clinical Programs Review. Focus on Pediatric Endocrinology Clinical Programs. September 09, 2019.
17. Clinical Consult: CVS Caremark Clinical Programs Review. Focus on Gender Dysphoria Clinical Programs. July 2020.
18. Cheuiche AV, da Silveira LG, de Paula LCP, Lucena IRS, Silveiro SP. Diagnosis and management of precocious sexual maturation: an updated review. *Eur J Pediatr*. 2021;180(10):3073-3087.
19. Mahfouda S, Moore JK, Siafarikas A, et al. Puberty Suppression in Transgender Children and Adolescents. *Lancet Diabetes Endocrinol*. 2017; 5: 816-26.
20. 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>.
21. Clinical Consult: CVS Caremark Clinical Programs Review. Focus on Gender Dysphoria Clinical Programs. September 2022.