

Histrelin implant (Supprelin LA®)

Place of Service
Office Administration
Outpatient Facility Infusion
Administration
Infusion Center Administration

HCPCS: J9226 per 50 mg

Condition(s) listed in policy (see criteria for details)

- [Central precocious puberty](#)
- [Gender dysphoria in adolescents](#)

AHFS therapeutic class: Gonadotropin

Mechanism of action: Luteinizing hormone-releasing hormone (LHRH) agonist

(1) Special Instructions and pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Supprelin LA® (histrelin) not listed in section (3) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Central precocious puberty

- Documented diagnosis of central precocious puberty (neurogenic or idiopathic)

Covered Doses

1 implant inserted subcutaneously every 12 months [Supprelin LA implant delivers 65 mcg/day of continuous hormonal therapy for 12 months]

ICD-10:
E30.1

Gender dysphoria in adolescents

Covered Doses

1 implant inserted subcutaneously every 12 months [Supprelin LA implant delivers 65 mcg/day of continuous hormonal therapy for 12 months]

ICD-10:
F64.0, F64.1, F64.2, F64.9

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Supprelin LA® (histrelin) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Blue Shield's research indicates there is inadequate clinical evidence to support off-label use of this drug for the following conditions (Health and Safety Code 1367.21):

Advanced prostate cancer

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

50 mg implant (Delivers approximately 65 mcg histrelin acetate/day over 12 months)

Central precocious puberty

Children with central precocious puberty have an early onset of secondary sexual characteristics (earlier than 8 years of age in females and 9 years of age in males). They also show a significantly advanced bone age, which can result in diminished adult height attainment.

Prior to initiation of treatment, a clinical diagnosis of central precocious puberty should be confirmed by measurement of blood concentrations of total sex steroids, luteinizing hormone (LH) and follicle-stimulating hormone (FSH) following stimulation with a gonadotropin-releasing hormone (GnRH) analog, and assessment of bone age versus chronological age. Baseline evaluations should include height and weight measurements, diagnostic imaging of the brain (to rule out intracranial tumor), pelvic/testicular/adrenal ultrasound (to rule out steroid secreting tumors), human chorionic gonadotropin levels (to rule out chorionic gonadotropin secreting tumor), and adrenal steroids to exclude congenital adrenal hyperplasia.

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com>
- Hembree WC, Cohen-Kettenis PT, Gooren L, Hannema SE, Meyer WJ, Murad MH, Rosenthal SM, Safer JD, Tangpricha V, T'Sjoen GG. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab. 2017;102(11):3869-3903.
- Supprelin LA® (histrelin acetate) [Prescribing Information]. Malvern, PA: Endo Pharmaceutical Inc.; 4/2022.
- World Professional Association for Transgender Health (2011) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People (Version 7). 2012. Available at: http://www.wpath.org/uploaded_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf

(7) Policy Update

Date of last revision: 1Q2023

Date of next review: 3Q2023

Changes from previous policy version:

- No clinical change to policy following revision.

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*