

**histrelin implant (Supprelin LA)**

**Commercial Medical Benefit Drug Policy**

Place of Service

Infusion Center Administration

Office Administration

Outpatient Facility Infusion Administration

**Drug Details**

**USP Category:** HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

**Mechanism of Action:** Luteinizing hormone-releasing hormone (LHRH) agonist

HCPCS:

J9226:Histrelin implant (supprelin la), 50 mg

How Supplied:

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

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

- Central Precocious Puberty
- Gender Dysphoria in Adolescents

The following conditions do not meet the safety and efficacy criteria established by Blue Shield of California's Pharmacy & Therapeutics committee and are not covered:

- Advanced prostate cancer

**Special Instructions and Pertinent Information**

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

**The following condition(s) DO NOT require Prior Authorization/Preservice if ALL its parameters are met, otherwise Prior Authorization/Preservice is required.**

Central Precocious Puberty

1. 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

histrelin implant (Supprelin LA)

**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

**Additional Information****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.

**References**

1. AHFS. Available by subscription at <http://www.lexi.com>
2. DrugDex. Available by subscription at <http://www.micromedexsolutions.com>
3. Supprelin LA (histrelin acetate) Prescribing Information. Endo Pharmaceutical Inc., Malvern, PA: 4/2022.
4. Coleman E, Radix AE, Bouman WP, et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *Int J Transgend Health.* 2022;23(Suppl 1):S1-S259. Published 2022 Sep 6.
5. 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.

**Review History**

Date of Last Annual Review: 3Q2025

Changes from previous policy version:

- No clinical change following annual review.

*Blue Shield of California Medication Policy to Determine Medical Necessity*

*Reviewed by P&T Committee*