blue california
Promise Health Plan

histrelin implant (Supprelin LA)

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.

Coverage Criteria
The following condition(s) require Prior Authorization/Preservice.

Central Precocious Puberty
Meets medical necessity if all the following are met:
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]

Coverage Period:
To allow for one insertion

ICD-10:

E30.1

Gender Dysphoria in Adolescents
Meets medical necessity if all the following are met:

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

Coverage Period:
To allow for one insertion

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