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Coverage Policy/Guideline			
Name:	Supprelin LA	Page	e: 1 of 4
Effective Dat	te: 7/11/2025	Last	Review Date: 6/3/2025
Applies to:	⊠New Jersey	⊠Pennsylvania Kids	⊠Kentucky PRMD

#### Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Supprelin LA under the patient's prescription drug benefit.

## **Description:**

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.

Per state regulatory guidelines around gender dysphoria, age restrictions may apply.

#### **Applicable Drug List:**

Supprelin LA

#### **Policy/Guideline:**

#### **Documentation:**

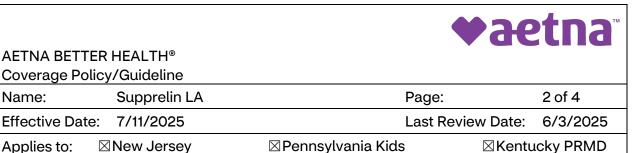
Submission of the following information is necessary to initiate the prior authorization review: For central precocious puberty, laboratory report or medical record of a pubertal response to a gonadotropin releasing hormone (GnRH) agonist test or a pubertal level of a third-generation luteinizing hormone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

#### **Prescriber Specialty:**

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.

## Criteria for Initial Approval:

## Central precocious puberty (CPP)



Authorization of 12 months may be granted for treatment of CPP when ALL the following criteria are met:

- 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.
- The assessment of bone age versus chronological age supports the diagnosis of CPP. •
- The member meets either of the following criteria:
  - The member is a female and was less than 8 years of age at the onset of secondary sexual characteristics.
  - 0 The member is a male and was less than 9 years of age at the onset of secondary sexual characteristics.
- The pathologic cause of CPP has been assessed (e.g., imaging screening for intracranial tumors, genetic testing for familial CPP [e.g., MKRN3 or DLK1 mutations]).

## Gender dysphoria

Name:

Requests for gender dysphoria do not require trial and failure of a preferred product.

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

## **Preservation of ovarian function**

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

## Prevention of recurrent menstrual related attacks in acute porphyria

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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.

## **Continuation of Therapy:**

## Central precocious puberty (CPP)

Authorization of up to 12 months may be granted for continued treatment for CPP when the member meets ALL the following criteria:

- The member is currently receiving the requested medication through a paid pharmacy or medical benefit.
- The member is either a female less than 12 years of age or a male less than 13 years of age.
- The member is not experiencing treatment failure (e.g., clinical pubertal progression, lack of growth deceleration, continued excessive bone age advancement).

# Gender dysphoria

Authorization of 12 months may be granted for continued treatment for <u>pubertal hormonal</u> <u>suppression</u> in adolescent members requesting reauthorization when ALL the following criteria are met:

- The member has a diagnosis of gender dysphoria.
- The member is able to make an informed decision to engage in treatment.
- The member has previously reached Tanner stage 2 of puberty or greater.
- The member's comorbid conditions are reasonably controlled.
- The member has been educated on any contraindications and side effects to therapy.
- Before the start of therapy, the member has been informed of fertility preservation options.

Authorization of 12 months may be granted for continued treatment for <u>gender transition</u> in members requesting reauthorization when ALL the following criteria are met:

- The member has a diagnosis of gender dysphoria.
- The member is able to make an informed decision to engage in treatment.
- The member will receive Supprelin LA concomitantly with gender-affirming hormones.
- The member's comorbid conditions are reasonably controlled.
- The member has been educated on any contraindications and side effects to therapy.
- Before the start of therapy, the member has been informed of fertility preservation options.

## All other indications

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

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### **Approval Duration and Quantity Restrictions:**

Approval: Preservation of ovarian function – 3 months; all others – 12 months

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