

This policy applies to the following:

	Standard Opt-in	PDPD	Marketplace	Medical Benefit	Medicare Part B	Reference #
	Standard Opt-out	✓ ACSF	MMT	Medical Benefit: Biosimilars First	Medicare Part B: Biosimilars First	3311-D
✓	VF	✓ Balanced	Medical Benefit: Managed Medicaid	Medical Benefit: Add-on	Medicare Part B: Add-on	

## EXCEPTIONS CRITERIA CENTRAL PRECOCIOUS PUBERTY

### PREFERRED PRODUCTS: SUPPRELIN LA, TRIPTODUR

#### POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

#### I. PLAN DESIGN SUMMARY

This program applies to the central precocious puberty products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with a targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

**Table. Central precocious puberty**

	Product(s)
Preferred*	<ul style="list-style-type: none"><li>Supprelin LA (histrelin acetate)</li><li>Triptodur (triptorelin pamoate)</li></ul>
Targeted	<ul style="list-style-type: none"><li>Lupron Depot-PED (leuprolide acetate)</li></ul>

\*: Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

#### II. EXCEPTION CRITERIA

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Coverage for a targeted product is provided when any of the following criteria is met:

- Member is currently receiving treatment with a targeted product, excluding when the requested targeted product is obtained as samples or via manufacturer's patient assistance programs.
- Member has a documented inadequate response or intolerable adverse event with both of the preferred products.

#### REFERENCES

- Lupron Depot-PED [package insert]. North Chicago, IL: Abbvie Inc.; April 2020.
- Supprelin LA [package insert]. Malvern, PA: Endo Pharmaceuticals Inc.; November 2019.
- Triptodur [package insert]. Atlanta, GA: Arbor Pharmaceuticals, LLC.; October 2018.