This policy applies to the following:

✓	Standard Control (SF)		Managed Medicaid Template (MMT)		ACSF Chart (ACSFC)		Medical Benefit		Medicare Part B
✓	Standard Control – Choice (SCCF)		Marketplace (MF)		SF Chart (SFC)		Medical: Advanced Biosimilars First		Medicare Part B: Biosimilars First
	Preferred Drug Plan Design (PDPD)		Aetna Health Exchange (AHE)		VF Chart (VFC)		Medical Benefit: Managed Medicaid		Medicare Part B: Advanced Biosimilars First
✓	Advanced Control Specialty (ACSF)		IVL		New to Market (NTM)		Medical Benefit: Add-on		
✓	Advanced Control Specialty – Choice (ACSCF)	✓	Value (VF)						

Reference #
6158-D

EXCEPTIONS CRITERIA

CENTRAL PRECOCIOUS PUBERTY

PREFERRED PRODUCTS: FENSOLVI, LUPRON DEPOT-PED AND SUPPRELIN LA

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 the targeted product 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 initiating a new treatment regimen with the targeted product.

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

Table. Central precocious puberty

	Product(s)
Preferred*	• **Fensolvi** (leuprolide acetate) • **Lupron Depot-PED** (leuprolide acetate) • **Supprelin LA** (histrelin acetate)
Targeted	• **Triptodur** (triptorelin)

*: 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 the targeted product is provided when either of the following criteria is met:

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

REFERENCES

This policy applies to the following:

✓	Standard Control (SF)		Managed Medicaid Template (MMT)		ACSF Chart (ACSFC)		Medical Benefit		Medicare Part B
✓	Standard Control – Choice (SCCF)		Marketplace (MF)		SF Chart (SFC)		Medical: Advanced Biosimilars First		Medicare Part B: Biosimilars First
	Preferred Drug Plan Design (PDPD)		Aetna Health Exchange (AHE)		VF Chart (VFC)		Medical Benefit: Managed Medicaid		Medicare Part B: Advanced Biosimilars First
✓	Advanced Control Specialty (ACSF)		IVL		New to Market (NTM)		Medical Benefit: Add-on		
✓	Advanced Control Specialty – Choice (ACSCF)	✓	Value (VF)						

Reference #
6158-D

1. Fensolvi [package insert]. Fort Collins, CO: Tolmar Pharmaceuticals, Inc.; April 2023.
2. Lupron Depot-PED [package insert]. North Chicago, IL: AbbVie Inc.; April 2023.
3. Supprelin LA [package insert]. Malvern, PA: Endo Pharmaceuticals Inc.; April 2022.
4. Triptodur [package insert]. Woburn, MA: Azurity Pharmaceuticals, Inc.; December 2022.