Reference number(s)
7006-A

Specialty Guideline Management-FEHB Supprelin LA

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Supprelin LA	histrelin acetate

Indications

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.

FDA-Approved Indication[1]

Supprelin LA is indicated for the treatment of children with central precocious puberty (CPP).

Compendial Uses

- Gender dysphoria (also known as transgender and gender diverse [TGD] persons)[7-9]
- Preservation of ovarian function[10,11]
- Prevention of recurrent menstrual related attacks in acute porphyria[12,13]

All other indications are considered experimental/investigational and not medically necessary.

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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 Specialties[12,13]

Fo prevention of recurrent menstrual related attacks in acute porphyria, this medication must be prescribed by or in consultation with a provider experienced in the management of porphyrias.

Coverage Criteria

Central Precocious Puberty (CPP)[1-6,14]

Authorization of 12 months may be granted for treatment of CPP when all of 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.
    - 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[7-9,17]

Authorization of 12 months may be granted for gender transition when all of the following criteria are met:

- The member has a diagnosis of gender dysphoria.
- Member is at least 19 years of age or older.
- The member is able to make an informed decision to engage in treatment.
- The member will receive the requested medication 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[10,11]

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[12,13]

Authorization of 12 months may be granted for prevention of recurrent menstrual related attacks in members with acute porphyria.

Continuation of Therapy

Central Precocious Puberty (CPP)[2,4,14]

Authorization of up to 12 months may be granted for continued treatment for CPP when the member meets all of 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[15,17]

Authorization of 12 months may be granted for continued treatment for gender transition in members requesting reauthorization when all of the following criteria are met:

- The member has a diagnosis of gender dysphoria.
- Member is at least 19 years of age or older.
- The member is able to make an informed decision to engage in treatment.
- The member will receive the requested medication 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 requirements in the coverage criteria section.

References

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14. Cheuiche AV, da Silveira LG, de Paula LCP, et al. Diagnosis and management of precocious sexual maturation: an updated review. Eur J Pediatr. 2021;180(10):3073-3087.
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17. FEHB Program Carrier Letter. Letter Number 2025-01A. https://www.opm.gov/healthcare-insurance/carriers/fehb/2025/2025-1a.pdf. Accessed May 15, 2025.