

# JURISDICTION SPECIFIC MEDICARE PART B

## SUPPRELIN LA (histrelin acetate)

### POLICY

#### I. COVERED USES

The indications below are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

The list of covered ICD-10 codes is prohibitively long to include within this policy. A complete list can be found at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. The FDA-labeled indication is listed below:

Central precocious puberty

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

#### II. DOCUMENTATION

The following documentation must be available in a legible format with patient identification information (e.g., complete name and dates of service) and signature of physician or non-physician practitioner responsible for and providing care to the member, upon request, for all submissions:

- A. Relevant medical history
- B. Physical examination
- C. Results of pertinent diagnostic tests
- D. Any relevant procedures
- E. Documentation supporting ongoing follow-up visits at least every 3 to 4 months

#### III. CRITERIA FOR APPROVAL

##### **Central Precocious Puberty**

Authorization of 12 months may be granted for treatment of central precocious puberty when the member will be seen by the managing physician in follow-up at least every 3 to 4 months.

#### IV. DOSAGE AND ADMINISTRATION

Reference number(s)
4015-A

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

## V. REFERENCES

1. Luteinizing Hormone-Releasing Hormone (LHRH) Analogs LCD (L34822) Version R6. Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed January 19, 2021.
2. Billing and Coding: Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (A56776) Version R1. Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed January 19, 2021.
3. Supprelin LA [package insert]. Malvern, PA: Endo Pharmaceuticals, Inc.; November 2019.