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# Clinical Coverage Guideline



## **Supprelin LA (histrelin acetate) Subcutaneous Implant for the Treatment of Central Precocious Puberty (CPP)**

**Guideline Number: HS-020**

**Original Effective Date: 5/2/2008**

**Revision Date: 6/5/2009; 6/25/2010; 8/2/2011;  
RETIRED 1/5/2012**

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

# Clinical Coverage Guideline HS-020

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### DISCLAIMER

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### APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

### CLINICAL COVERAGE GUIDELINE

**Supprelin LA is considered medically necessary when ALL of the following criteria are met:**

- The diagnosis of Central Precocious Puberty is made before the age of 8 years in girls and 9 years in males; **AND**
- The diagnosis of Central Precocious Puberty is documented in clinical records (history, physical findings and laboratory analysis); **AND**
- A pediatric endocrinologist has been consulted and is in agreement with the diagnosis and treatment plan; **AND**
- Documented inability to tolerate leuprolide acetate (Lupron Depot Ped) intramuscularly (not due to pain) once every 4 weeks due to recurrent sterile fluid collections at the sites of injections; **AND**
- Documentation that subcutaneous injections of aqueous leuprolide, given once or twice daily (total dose 60 mg/kg/24 hr), or intranasal administration of the GnRH agonist nafarelin (Synarel) 800 mg bid would not be tolerated or complied with.

**NOTE:** Supprelin LA (histrelin acetate) subcutaneous implant has been approved by the FDA for the treatment of Central Precocious Puberty (CPP). The approval was granted based on clinical studies conducted in children aged 3.7 to 11.6 years. Supprelin LA is a non-formulary drug and is covered under Part B Medicare for those members covered under Medicare, as it is incidental to a physician service.

### BACKGROUND

Precocious puberty is defined as the onset of secondary sexual characteristics before 8 yr of age in girls and 9 yr in boys. Although this definition is somewhat arbitrary because of the marked variation in the age at which puberty begins in normal children, particularly in different ethnic groups the ages are beyond 2.5 standard deviations of the currently accepted normal age for the onset of puberty. Gonadotropin dependent precocious pubertal development is called true or Central Precocious Puberty (CPP).

Although the clinical course is variable, 3 main patterns of pubertal progression can be identified. Most girls (particularly those younger than 6 yr of age at the onset) and most boys have rapidly progressive sexual precocity, characterized by

rapid physical and osseous maturation, leading to a loss of adult height potential. Several girls (generally older than 6 yr of age at the onset) have a slowly progressive variant, characterized by parallel advancement of osseous maturation and linear growth, with preserved height potential. A slowly progressive variant of central sexual precocity also occurs in boys but is less common than in girls. A small percentage of girls have spontaneously regressive or unsustained central precocious puberty. This variability in the natural course of sexual precocity underscores the need for longitudinal observation at the onset of sexual development, before treatment is considered.

The work-up of precocious puberty should include both physical and laboratory diagnostic confirmatory steps before treatment are initiated. Physical diagnostic documentation should include (1) a record of growth, Tanner stages, and height and weight percentiles; (2) external genitalia changes; (3) abdominal, pelvic, neurologic examinations; (4) signs of androgenization; and (5) other conditions such as McCune-Albright and hypothyroidism. Laboratory diagnostic studies include: (1) bone age x-rays; (2) Head MRI, ultrasonography of abdomen and pelvis; (3) FSH, LH, hCG assays; (4) thyroid function tests (TSH and free T4); (5) steroids (serum DHAS, testosterone, estradiol, progesterone, 17-hydroxyprogesterone); (6) inhibin levels; and (7) GnRH testing.

The generally accepted treatment for CPP is GnRH agonist therapy. Leuprolide acetate (Lupron Depot Ped), the only depot preparation approved for this use in the United States, is given in a dose of 0.25-0.3 mg/kg (minimum 7.5 mg) intramuscularly once every 4 weeks. In children with local reactions (recurrent sterile fluid collections at the sites of injections), treatment can be changed to subcutaneous injections of aqueous leuprolide, given once or twice daily (total dose 60 mg/kg/24 hr), or intranasal administration of the GnRH agonist nafarelin (Synarel) 800 mg bid. Supprelin LA (histrelin acetate), another long acting GnRH agonist, has been recently approved by the FDA for the treatment of CPP. Supprelin LA is supplied as an implant for continuous release over the course of 12 months. The recommended initial dose of the drug is one implant every 12 months.

Treatment for CPP is generally maintained until the epiphyses are fused or until appropriate bone age and chronologic ages are matched. Discontinuation of therapy is followed by prompt reactivation of the pubertal process and the development of regular ovulatory function in a pattern similar to that of normal female adolescents.

## CODING

### Covered CPT® Codes

- 11981** Insertion, Non-Biodegradable Drug Delivery Implant
- 11982** Removal, Non-Biodegradable Drug Delivery Implant
- 11983** Removal with Reinsertion of Non-Biodegradable Drug Delivery Implant

### Covered ICD-9-CM Procedure Codes

- 99.24** Injection of Other Hormone; Drug Delivery Implant
- 86.05** Incision with Removal of Drug Delivery Implant from skin and subcutaneous tissue
- 86.99** Removal and Replacement of Drug Delivery Implant

### Covered HCPCS Code

- J9226** Histrelin implant (Supprelin LA), 50 mg

### Covered ICD-9-CM Diagnosis Code

- 259.1** Precocious sexual development and puberty, not elsewhere classified

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