Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	September 7, 2012 November 4, 2015, July 7, 2022

SUPPRELIN LA® (histrelin acetate)

LENGTH OF AUTHORIZATION: One implant per 12 months

REVIEW CRITERIA: (All of the following must be met for approval):

- Patient must be at least 2 years of age (for males and females) and up to 11 years of age for females and 12 years of age for males.
- Patient must have a documented diagnosis of Precocious Puberty which should be confirmed by all the following:
  - Measurement of blood concentrations of total sex steroids (estrogens/testosterone).
  - Measurement of LH and FSH after stimulation with a GnRH analog.
  - Assessment of bone vs. chronological age.
- Patient must have been evaluated and therapy prescribed by a pediatric endocrinologist.
- Patient must have trial and failure of either Lupron Ped Depot, Triptodur, or intranasal Synarel.

CONTINUATION OF THERAPY:

- Patient has met initial review criteria.
- Documentation of improved clinical response as demonstrated by suppression of secondary sexual characteristics, decrease in height velocity, and improvement in final height prediction.
- Patient has not experienced any treatment-restricting adverse effects.
- Dosing is appropriate as per labeling or is supported by compendia.

DOSAGE AND ADMINISTRATION:

- Refer to product labeling https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as: 50 mg subcutaneous implant.