Clinical Policy: Histrelin Acetate (Vantas, Supprelin LA)

Reference Number: PA.CP.PHAR.172
Effective Date: 01/18
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Description
The intent of the criteria is to ensure that patients follow selection elements established by Pennsylvania Health and Wellness® medical policy for the use of histrelin acetate (Vantas® and Supprelin LA®).

Policy/Criteria
It is the policy of Pennsylvania Health and Wellness that Vantas and Supprelin LA are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Prostate Cancer (must meet all):

1. Request is for Vantas;
2. Diagnosis of prostate cancer;
3. Meets a or b:
   a. FDA approved use:
      i. Prescribed as palliative therapy for advanced prostate cancer (stage T3 through T4 or high risk through nodal/metastatic disease);
   b. Off-label NCCN recommended use:
      i. Prescribed for one of the following uses:
         a) As adjuvant therapy (i.e., administered after radical prostatectomy [RP] if positive for pelvic lymph nodes);
         b) As initial androgen deprivation therapy (ADT) for intermediate risk*, high risk*, very high risk*, or regional (local nodal metastasis)/metastatic disease;
         c) As ADT for biochemical failure** following RP or positive digital rectal examination post radiation therapy;
         d) For progressive castration-naive disease (i.e., not on ADT at time of progression) or castration-recurrent/resistant disease (i.e., no longer responsive to traditional ADT);
4. Documentation showing a history of ≥ 3 months of gonadotropin-releasing hormone (GnRH) agonist injections that were effective and well tolerated;
5. No known hypersensitivity to GnRH, GnRH analogs, or any excipient in the requested product.

**Intermediate risk (clinical stage T2b to T2c, Gleason score 7/Gleason grade group 2-3, or prostatic specific antigen [PSA] value 10 ng/mL to 20 ng/mL); high risk (clinical stage T3a, Gleason score 8-10/Gleason grade group 4-5 or PSA value >20 ng/mL); very high risk (clinical stage T3b-T4, Gleason pattern 5, or more than 4 biopsy cores with Gleason score 8-10/Gleason grade group 4-5).*
***Biochemical failure: 1) Failure of PSA to fall to undetectable levels (PSA persistence) or 2) undetectable PSA after RP with a subsequent detectable PSA that increases on 2 more determinations (PSA recurrence).*

Approval duration: 12 months

(One 12-month implant)

B. Central Precocious Puberty (must meet all):
1. Request is for Supprelin LA;
2. Females age ≥ 2 and ≤ 11 years, or males age ≥ 2 and ≤ 12 years;
3. Diagnosis of central precocious puberty (CPP) confirmed by (a through c):
   a. Elevated basal luteinizing hormone (LH) level > 0.2 - 0.3 mIU/L (dependent on type of assay used) and/or elevated leuprolide-stimulated LH level > 3.3 - 5 IU/I (dependent on type of assay used);
   b. Bone age ≥ 1 year advanced of chronological age;
   c. Age at onset of secondary sex characteristics is < 8 years if female, or < 9 years if male;
4. Prescribed dose of Supprelin LA does not exceed one 50 mg implant every 12 months;
5. Member has none of the following contraindications:
   a. Known hypersensitivity to GnRH, GnRH analogs, or any excipient in the requested product;
   b. If female, pregnancy.

Approval duration: 12 months
(One 12-month implant)

C. Gender Dysphoria (off-label) (must meet all):
1. Diagnosis of gender dysphoria as evidenced by meeting the DSM V criteria for gender dysphoria;
2. Prescribed by or in consultation with pediatric endocrinologist, adolescent medicine specialist or medical provider with experience and/or training in transgender medicine;
3. Member has psychological and social support during treatment;
4. Member does not suffer from a psychiatric comorbidity that interferes with the diagnostic work-up or treatment;
5. Member demonstrates consent and understanding of the expected outcomes of GnRH analog treatment (*For minorities, when parental consent cannot be obtained, exceptions are reviewed on a case by case basis and in conjunction with a behavioral health provider*);
6. For adults: failure to achieve physiologic hormone levels or an intolerance with use of gender-affirming hormonal therapy (e.g., estrogen, testosterone).

Approval duration: 12 months

D. Other diagnoses/indications: Refer to CP.PMN.53 – off-label policy

II. Continued Approval

A. **Prostate Cancer** (must meet all):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met initial approval criteria or the Continuity of Care policy applies (*see PA.LTSS.PHAR.01*);
2. Request is for Vantas;
3. Member is responding positively to therapy;
4. Prescribed dose of Vantas does not exceed one 50 mg implant every 12 months;
5. No known hypersensitivity to GnRH, GnRH analogs, or any excipient in the requested product.

Approval duration: 12 months
(One 12-month implant)

B. Central Precocious Puberty (must meet all):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met initial approval criteria or the Continuity of Care policy applies (*see PA.LTSS.PHAR.01*);
2. Request is for Supprelin LA;
3. Member is responding positively to therapy;
4. Females, age ≥ 2 and ≤11 years, or males, age ≥ 2 and ≤12 years;
5. Therapeutic effect is evidenced by decreased growth velocity, menses cessation if female, and arrested pubertal progression.
6. Prescribed dose of Supprelin LA does not exceed one 50 mg implant every 12 months;
7. Member has none of the following contraindications:
   a. Known hypersensitivity to GnRH, GnRH analogs, or any excipient in the requested product;
   b. If female, pregnancy.

Approval duration: 12 months
(One 12-month implant)

C. Gender Dysphoria (off-label) (must meet all):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met initial approval criteria or the Continuity of Care policy applies (*see PA.LTSS.PHAR.01*);
2. Member is responding positively to therapy;
3. Member has none of the following contraindications:
   a. Known hypersensitivity to GnRH, GnRH analogs, or any excipient in the requested product;
   b. Undiagnosed vaginal bleeding;
   c. Pregnancy or breast-feeding.

Approval duration: 12 months

D. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy, or the Continuity of Care policy applies (*see PA.LTSS.PHAR.01*); or
2. Refer to CP.PMN.53 – off-label policy.

Background

Description/Mechanism of Action:

Histrelin acetate is a GnRH agonist that acts as a potent inhibitor of gonadotropin secretion when given continuously in therapeutic doses.

Formulations:

Histrelin acetate for subcutaneous administration:

Supprelin LA: 50 mg implant

- Designed to deliver approximately 65 mcg histrelin acetate per day over 12 months.

Vantas: 50 mg implant

- Designed to deliver approximately 50 mcg histrelin acetate per day over 12 months.

FDA Approved Indications:

- Vantas is a GnRH agonist/subcutaneous implant indicated for the palliative treatment of advanced prostate cancer.
- Supprelin LA is a GnRH agonist/subcutaneous implant indicated for the treatment of children with central precocious puberty (CPP).

Appendices

Appendix A: Abbreviation Key

ADT: Androgen deprivation therapy
CPP: Central precocious puberty
GnRH: Gonadotropin-releasing hormone
LH: Luteinizing hormone
PSA: Prostate specific antigen
RP: Radical prostatectomy

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J9225	Histrelin implant (Vantas), 50 mg
J9226	Histrelin implant (Supprelin LA) 50mg

Reviews, Revisions, and Approvals	Date	Approval Date

References

1. Vantas prescribing information. Malvern, PA: Endo Pharmaceuticals Solutions, Inc.; July 2014. Available at www.endo.com. Accessed December 28, 2016.
2. Supprelin LA prescribing information. Malvern, PA: Endo Pharmaceuticals Solutions, Inc.; June 2013. Available at www.supprelinla.com. Accessed December 28, 2016.
3. Histrelin acetate. In: National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at NCCN.org. Accessed December 29, 2016.
4. Prostate cancer (Version 1.2017). In: National Comprehensive Cancer Network Guidelines. Available at NCCN.org. Accessed December 29, 2016.
5. Harrington J and Palmert MR. Definition, etiology, and evaluation of precocious puberty. In: UpToDate, Waltham, MA: Walters Kluwer Health; 2016. Available at UpToDate.com. Accessed December 28, 2016.
6. Harrington J and Palmert MR. Treatment of precocious puberty. In: UpToDate, Waltham, MA: Walters Kluwer Health; 2016. Available at UpToDate.com. Accessed December 28, 2016.
7. The World Professional Association for Transgender Health. Standards of care for the health of transsexual, transgender, and gender nonconforming people – 7th version. September 2011. Available at www.wpath.org. Accessed December 19, 2017.
8. Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guideline. J Clin Endocrinol Metab. November 2017; 102(11):3869-3903. doi: 10.1210/jc.2017-01658
9. Wylie KR, Fung RJ, Boshier C, and Rotchell M. British association for sexual and relationship therapy: recommendations of endocrine treatment for patients with gender dysphoria. Sexual and Relationship Therapy 2009; 24(2):175-187. DOI: 10.1080/14681990903023306