SmartHealth Ascension

Triptorelin Pamoate

(Trelstar®) J3315 (3.75mg)

Covered with prior authorization

Trelstar® (triptorelin pamoate) may be authorized when the following criteria are met:

Prostate Cancer

- Individual meets any of the following criteria:
- Medication is used as androgen deprivation therapy as a single agent or in combination with an antiandrogen; **OR**
- Medication is used for clinically localized disease with intermediate (T2b to T2c cancer, Gleason score of 7/Gleason grade group 2-3, or prostate specific antigen (PSA) value of 10-20 ng/mL) or higher risk of recurrence as neoadjuvant therapy with radiation therapy or cryosurgery; **OR**
- Medication is used for progressive castration-naïve disease; **OR**
- Medication is used for castration-recurrent disease; **OR**
- Medication is used for other advanced, recurrent, or metastatic disease.

Hormone Receptor Positive Breast Cancer

- Individual is male; **OR**
- Individual is a pre- or peri-menopausal women.

Preservation of fertility

- Individual is a pre-menopausal woman.
- Individual currently has a cancer diagnosis; **AND**
- Individual meets one of the following:
    - Individual will receive chemotherapy for cancer with a curative intent; **OR**
    - Individual will receive radiation therapy for cancer with a curative intent.

Initial approval duration:

- Initial approval duration is up to 12 months.

Reauthorization approval duration:

- Reauthorization approval duration is up to 12 months.

Reauthorization Criteria:
Trelstar® (triptorelin pamoate) is considered medically necessary for continued use when initial criteria are met **AND** the patient has experienced clinical benefit to therapy **AND** has not experienced an unacceptable toxicity.

Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Exclusion Criteria:

- Product use for non-FDA approved indications or indications not supported by industry-accepted guidelines.
- Doses, durations, or dosing intervals that exceed FDA maximum limits for any FDA-approved indication or are not supported by industry-accepted practice guidelines or peer-reviewed literature for the relevant off-label use.

U.S. Food and Drug Administration:
This section is to be used for informational purposes. FDA approval alone is not a basis for coverage.

Trelstar® (triptorelin pamoate) is a gonadotropin releasing hormone (GnRH) agonist indicated for the palliative treatment of advanced prostate cancer.

References:

1. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022
2. NCCN Clinical Practice Guidelines in Oncology™. © 2022 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp
3. Pagani O, Regan MM, Walley BA, et al.; TEXT and SOFT Investigators; International Breast Cancer Study Group. Adjuvant exemestane with ovarian suppression in premenopausal breast cancer. N Engl J Med. 2014; 371(2):107-118.
4. Trelstar® [Prescribing Information]. Ewing, NF: Verity Pharmaceuticals, Inc; 2021.

Date	Summary of Changes
August 2022	Criteria for use summary developed by the Ascension Medical Specialty Prior Authorization Team.
September 2022	Criteria for use summary approved by the Ascension Ambulatory Care Expert Review Panel.
October 2022	Criteria for use summary approved by the Ascension Therapeutic Affinity Group.

If you have questions, call 833-980-2352 to speak to a member of the Ascension Rx prior authorization team, or email your questions to smarthealthspecialty@ascension.org.