Clinical Policy Title:	triptorelin pamoate
Policy Number:	RxA.522
Drug(s) Applied:	Trelstar®
Original Policy Date:	03/06/2020
Last Review Date:	08/28/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

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

1. Diagnosis of prostate cancer.

Approval duration

All Lines of Business (except Medicare): 12 months

B. Gender Dysphoria or Gender Transition (off-label) (must meet all):

1. Diagnosis of gender dysphoria or request is for gender transition;
2. The member's age and pubertal development meets one of the following (a or b):
   a. Member has reached or passed through Tanner Stage 2* and is < 18 years of age;
      *Age ranges approximating Tanner Stage 2 pubertal development extend from 8 to 13 years of age in girls and 9 to 14 years of age in boys.
   b. Member is ≥ 18 years of age and has failed to achieve physiologic hormone levels with gender-affirming hormonal therapy (e.g., estrogen, testosterone) unless contraindicated or clinically significant adverse effects are experienced;
3. Member demonstrates understanding of expected GnRH analogue treatment outcomes and has given consent for such treatment;
4. If member has a psychiatric comorbidity, member is followed by mental health provider;
5. Psychosocial support will be provided during treatment.

Approval duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. All Indications in Section I (must meet all)**:**

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval duration

All Lines of Business (except Medicare): 12 months

References

1. National Comprehensive Cancer Network. Prostate cancer Version 4.2024. Available at: https://www.nccn.org/professionals/physician_gls/pdf/prostate_detection.pdf. Accessed August 28, 2024.
2. Emmanual M, Bokor BR. Tanner Stages. Treasure Island, FL: StatPearls Publishing; 2019 Jan. Available at

https://www.ncbi.nlm.nih.gov/books/NBK470280/. Last update: May 13, 2019. Accessed August 28, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	01/2020	03/06/2020
Policy was reviewed: 1. Clinical Policy title was updated. 2. Line of business policy applies to was updated to All lines of business 3. Continued Therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance..." 4. Reference was reviewed and updated.	09/21/2020	12/07/2020
Policy was reviewed: 1. Continued Therapy Criteria II.A.1, II.B.1 and II.C.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...". 2. References were reviewed and updated.	10/01/2021	12/07/2021
Policy was reviewed: 1. Initial Approval Criteria I.C, I.C.1 and Continued Therapy Criteria II.C: Updated to add term gender dysphoria. 2. References were reviewed and updated.	09/09/2022	10/19/2022
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: 1. Removed “Triptodur” from the PA policy. 2. Removed criteria for central precocious puberty since it is the indication for Triptodur. 3. Removed age restrictions. 4. Removed prescriber restrictions. 5. Removed dose restrictions. 6. Updated Continued therapy approval with auto-approval based on lookback functionality within the past 120 days. 7. Removed reauthorization requirement for positive response to therapy. 8. Reauthorization criteria for all the diagnosis merged under “All Indications in Section I.	08/28/2024	09/13/2024

9. Updated approval duration verbiage.		