Clinical Policy Title:	triptorelin pamoate
Policy Number:	RxA.522
Drug(s) Applied:	Trelstar®, Triptodur®
Original Policy Date:	03/06/2020
Last Review Date:	12/07/2020
Line of Business Policy Applies to:	All lines of business

Background

Triptorelin pamoate (Trelstar®, Triptodur®) is a gonadotropin-releasing hormone (GnRH) receptor agonist.
Trelstar® is indicated for the palliative treatment of advanced prostate cancer.
Triptodur® is indicated for the treatment of pediatric patients 2 years and older with central precocious puberty (CPP).

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
triptorelin pamoate (Trelstar®, Triptodur®)	Prostate cancer*	IM: 3.75 mg per 4 weeks; 11.25 mg per 12 weeks; 22.5 mg per 24 weeks	See regimen
	CPP	IM: 22.5 mg IM every 24 weeks	See regimen

**May be used in combination with therapies such as radiation therapy, antiandrogens, glucocorticoids, docetaxel.*

Dosage Forms

- triptorelin pamoate (Trelstar®): Single-dose vial for reconstitution with Mixject system (kit): 3.75 mg, 11.25 mg, 22.5 mg
- triptorelin pamoate (Triptodur®): Single-dose vial for reconstitution (kit): 22.5 mg

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

I. Initial Approval Criteria

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

1. Diagnosis of prostate cancer;
2. Request is for Trelstar®;
3. Prescribed by or in consultation with an oncologist or urologist;
4. Age ≥ 18 years;
5. Request meets one of the following (a or b):*
   a. Dose does not exceed 3.75 mg per 4 weeks, 11.25 mg per 12 weeks, or 22.5 mg per 24 weeks;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-

label use (*prescriber must submit supporting evidence*).
**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration
Commercial: 12 months
Medicaid: 12 months

B. Central Precocious Puberty (must meet all)**:**
1. Diagnosis of CPP confirmed by all of the following (a, b, and 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/L (dependent on type of assay used);
   b. Difference between bone age and chronological age was > 1 year (bone age- chronological age);
   c. Age at onset of secondary sex characteristics is < 8 years if female, or < 9 years if male;
2. Request is for Triptodur®;
3. Prescribed by or in consultation with a pediatric endocrinologist;
4. Member meets one of the following age requirements (a or b):
   a. Female: 2 - 11 years;
   b. Male: 2 - 12 years;
5. Dose does not exceed 22.5 mg per 24 weeks.

Approval duration
Commercial: 12 months
Medicaid: 12 months

C. Gender Dysphoria (off-label) (must meet all):
1. Diagnosis of gender dysphoria;
2. Prescribed by or in consultation with an endocrinologist and an expert in gender dysphoria and transgender medicine (e.g., mental health professional such as psychologist, psychiatrist);
3. Age and pubertal development - meets (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;
4. Member demonstrates understanding of expected GnRH analogue treatment outcomes and has given consent for such treatment;
5. If member has a psychiatric comorbidity, member is followed by mental health provider;
6. Psychosocial support will be provided during treatment;
7. Dose is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence).

Approval duration
Commercial: 12 months
Medicaid: 12 months

II. Continued Therapy Approval

A. Prostate Cancer (must meet all)**:**
1. Currently receiving medication that has been authorized by RxAdvance or member has met initial approval criteria for the covered indications and has received this medication for at least 30 days;

2. Request is for Trelstar®;
3. Member is responding positively to therapy;
4. If request is for a dose increase, request meets one of the following (a or b):*
   a. New dose does not exceed 3.75 mg per 4 weeks, 11.25 mg per 12 weeks, or 22.5 mg per 24 weeks;
   b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval duration
Commercial: 12 months
Medicaid: 12 months

B. Central Precocious Puberty (must meet all)**:**
1. Currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria listed in this policy;
2. Request is for Triptodur®;
3. Member is responding positively to therapy as evidenced by, including but not limited to, improvement in any of the following parameters: decreased growth velocity, cessation of menses, softening of breast tissue or testes, arrested pubertal progression;
4. Member meets one of the following age requirements (a or b):
   a. Female: ≤ 11 years;
   b. Male: ≤ 12 years.
5. If request is for a dose increase, new dose does not exceed: 22.5 mg per 24 weeks.

Approval duration
Commercial: 12 months
Medicaid: 12 months

C. Gender Dysphoria (off-label) (must meet all)**:**
1. Currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria listed in this policy;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration
Commercial: 12 months
Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
CPP: central precocious puberty
DSM-5: Diagnostic and Statistical Manual of Mental Disorders, 5th edition
NCCN: National Comprehensive Cancer Network
FDA: Food and Drug Administration
GnRH: gonadotropin-releasing hormone
LH: luteinizing hormone

APPENDIX B: Therapeutic Alternatives

Not applicable.

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Hypersensitivity to triptorelin or any other component of the product, or other GnRH agonists or GnRH
  - Pregnancy

- Boxed Warning(s):
  - None reported

APPENDIX D: General Information

- Transient increase in serum testosterone levels can occur within the first few weeks of treatment with Trelstar®. This may worsen prostate cancer and result in spinal cord compression and urinary tract obstruction.

References

1. Trelstar Prescribing Information. Irvine, CA: Allergan USA, Inc.; May 2020. Available at http://www.trelstar.com/pdf/TrelstarPrescribingInformation_May2020.pdf . Accessed September 09, 2020.
2. Triptodur® Prescribing Information. Atlanta, GA: Arbor Pharmaceuticals, LLC; October 2018. Available at https://triptodur.com/assets/pdf/Triptodur-PI-Rev.-10.2018.pdf . Accessed September 09, 2020.
3. National Comprehensive Cancer Network Drugs and Biologics Compendium. Triptorelin pamoate. Available at nccn.org. Accessed September 09, 2020.
4. National Comprehensive Cancer Network. Prostate cancer (Version 2.2020). Available at https://www.nccn.org/professionals/physician_gls/pdf/prostate_detection.pdf. Accessed September 09, 2020.
5. Klein K, Yang J, Aisenberg J, et al. Triptorelin Efficacy and safety of triptorelin 6-month formulation in patients with central precocious puberty. J Pediatr Endocrinol Metab. November 2016; 29(11): 1241–1248.
6. Kaplowitz P, Bloch C. Evaluation and referral of children with signs of early puberty. Pediatrics. 2016; 137(1): e20153732.
7. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Arlington, VA: American Psychiatric Association Publishing; 2013.
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.
9. Rafferty J. Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. Policy statement. American Academy of Pediatrics. Pediatrics; 142(4), October 2018:e20182162.
10. Deutsch MB. Guidelines for the primary and gender-affirming care of transgender and gender nonbinary people. Center of Excellence for Transgender Health. Department of Family & Community Medicine, University of California, San Francisco; 2nd Ed, published June 17, 2016.
11. Standards of care for the health of transsexual, transgender, and gender nonconforming people. WPATH: World Professional Association for Transgender Health. 7th version; 2001. Available at www.wpath.org.
12. Wylie KR, Fung R, Boshier C, Rotchell M. Recommendations of endocrine treatment for patients with gender dysphoria. Sexual and Relationship Therapy Vol. 24, No. 2, May 2009, 175–187.
13. 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 September 09, 2020.
14. Micromedex® Healthcare Series [Internet database]. Greenwood Village, Colo: Thomson Healthcare. Updated periodically. Accessed September 09, 2020.

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. Appendix D added general information 5. Reference was reviewed and updated.	09/21/2020	12/07/2020