

Reference number(s)
2085-A

## SPECIALTY GUIDELINE MANAGEMENT

### TRELSTAR (triptorelin pamoate)

#### POLICY

##### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

###### A. FDA-Approved Indication

Trelstar is indicated for the palliative treatment of advanced prostate cancer.

###### B. Compendial Uses

1. Prostate Cancer
2. Preservation of ovarian function
3. Breast cancer – ovarian suppression

All other indications are considered experimental/investigational and not medically necessary.

##### II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review: Hormone receptor status testing results (where applicable).

##### III. CRITERIA FOR INITIAL APPROVAL

###### A. **Prostate cancer**

Authorization of 12 months may be granted for treatment of prostate cancer.

###### B. **Preservation of ovarian function**

Authorization of 3 months may be granted for preservation of ovarian function when the member is premenopausal and undergoing chemotherapy.

###### C. **Breast cancer – ovarian suppression**

Authorization of 12 months may be granted for ovarian suppression in premenopausal members with hormone-receptor positive breast cancer at higher risk for recurrence (e.g., young age, high-grade tumor, lymph-node involvement) when used in combination with endocrine therapy.

##### IV. CONTINUATION OF THERAPY

###### A. **Prostate cancer**

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Authorization of 12 months may be granted for continued treatment in members requesting reauthorization who are experiencing clinical benefit to therapy (e.g., serum testosterone less than 50 ng/dL) and who have not experienced an unacceptable toxicity.

**B. Preservation of ovarian function**

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

**C. Breast cancer – ovarian suppression**

Authorization of 12 months may be granted (up to 5 years total) for continued treatment in members requesting reauthorization who were premenopausal at diagnosis and are still undergoing treatment with endocrine therapy.

**V. REFERENCES**

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