**Policy Title:** Triptodur (triptorelin) (Intramuscular)

---

**Department:** PHA

---

**Effective Date:** 01/01/2020

**Review Date:** 12/13/2019, 1/22/2020, 7/15/2021

**Revision Date:** 12/13/2019, 1/22/2020, 7/15/2021

---

**Purpose:** To support safe, effective and appropriate use of Triptodur (triptorelin).

**Scope:** Medicaid, Commercial, Medicare-Medicaid Plan (MMP)

**Policy Statement:**
Triptodur (triptorelin) is covered under the Medical Benefit when used within the following guidelines. Use outside of these guidelines may result in non-payment unless approved under an exception process.

**Procedure:**
Coverage of Triptodur (triptorelin) will be reviewed prospectively via the prior authorization process based on criteria below.

**Initial Criteria:**

**Central Precocious Puberty (CPP):**

- Patient is between the ages of 2 and 13 years; AND
- Onset of secondary sexual characteristics earlier than age 8 for girls and 9 for boys associated with pubertal pituitary gonadotropin activation; AND
- Diagnosis is confirmed by pubertal gonadal sex steroid levels and a pubertal LH response to stimulation by native GnRH; AND
- Bone age advanced greater than 2 standard deviations (SD) beyond chronological age; AND
- Tumor has been ruled out by lab tests such as diagnostic imaging of the brain (to rule out intracranial tumor), pelvic/testicular/adrenal ultrasound (to rule out steroid secreting tumors), and human chorionic gonadotropin levels (to rule out a chorionic gonadotropin secreting tumor); AND
- Patient must have a documented failure, intolerance or contraindication to Trelstar (triptorelin pamoate)
- MMP members who have previously received this medication within the past 365 days are not subject to Step Therapy Requirements
Continuation of Therapy Criteria:

- Patient continues to meet initial criteria; AND
- Disease response as indicated by lack of progression or stabilization of secondary sexual characteristics, decrease in height velocity, and improvement in final height prediction; AND
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include psychiatric events, convulsions, etc.

Coverage durations:

- Initial coverage: 6 months
- Continuation of therapy coverage: 6 months

*** Requests will also be reviewed to National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) if applicable.***

Dosage/Administration:

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dose</th>
<th>Maximum dose (1 billable unit = 3.75 mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPP</td>
<td>22.5 mg administered by a healthcare professional as a single intramuscular injection once every 24 weeks</td>
<td>6 billable units per 168 days</td>
</tr>
</tbody>
</table>

Investigational use: All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use. Neighborhood does not provide coverage for drugs when used for investigational purposes.

Applicable Codes:
Below is a list of billing codes applicable for covered treatment options. The below tables are provided for reference purposes and may not be all-inclusive. Requests received with codes from tables below do not guarantee coverage. Requests must meet all criteria provided in the procedure section.

The following HCPCS/CPT codes are:

<table>
<thead>
<tr>
<th>HCPCS/CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J3316</td>
<td>Injection Triptorelin, extended release</td>
</tr>
</tbody>
</table>
References: