

Pharmacy Drug Policy Checklist

POLICY NAME Triptodur (triptorelin) POLICY # 2618P

Criteria

Coverage criteria for Central Precocious Puberty (CPP)	
	1.1 Onset of symptoms of puberty (breast and genital development, development of pubic hair) occurred before 8 years of age in females and before 9 years of age in males
	1.2 Blood tests show pubertal response to a test with a GnRH agonist (such as leuprolide)Luteinizing hormone (LH) and follicle-stimulating hormone (FSH) are measured by blood test
	LH above 3.3 to 5IU/mL suggest CPPLH:FSH ratio greater than 0.66 is typically seen with CPP
	1.3 Bone age is 2 standard deviations (SD) beyond chronological age
	1.4 MRI is used to rule out brain or steroid-secreting tumors
	1.5 Documented lab testing for adrenal steroid levels to rule out congenital adrenal hyperplasia and adrenal tumors:
	 Early morning 17-OHP concentration between 82ng/dl and 200ng/dl should indicate non- classical congenital adrenal hyperplasia (CAH) and ACTH stimulation testing should be performed, OR
	 Concentrations 200ng/dl indicate a high sensitivity and specificity for non-classical CAH and ACTH testing may still be performed

Approval Times		
	2.1 Diagnostic purposes: One-time approval	
	2.2 Initial: 12 months	
	2.3 Renewal: 12 months if a female and chronological age < 11, or < 12 for males, or prescriber submits a statement of medical necessity which indicates the member requires continued therapy to prevent the onset of puberty and this request is approved by a Medical Director CPT Codes HCPCS Codes J3316 Injection, triptorelin, extended-release, 3.75 mg	