

Triptorelin (Triptodur®)

Place of Service

Office Administration

Infusion Center Administration

Home Infusion

HCPCS: J3316 per 3.75 mg

Condition(s) listed in policy (*see criteria for details*)

- [Central precocious puberty](#)
- [Gender dysphoria in adolescents](#)

AHFS therapeutic class: Gonadotropin

Mechanism of action: Gonadotropin releasing hormone (GnRH) agonist

(1) Special Instructions and pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for triptorelin (Triptodur®) not listed in section 3 must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Central precocious puberty

- Documented diagnosis of central precocious puberty (neurogenic or idiopathic)

Covered Doses

Up to 22.5 mg IM injection every 24 weeks

Coverage Period

Indefinite

ICD-10:

E30.1

Gender dysphoria in adolescents

Covered Doses

Up to 22.5 mg IM injection every 24 weeks

Coverage Period

Indefinite

ICD-10:

F64.0, F64.1, F64.2, F64.9

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for triptorelin (Triptodur®) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

22.5 mg (extended-release injectable suspension)

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Hembree WC, Cohen-Kettenis PT, Gooren L, Hannema SE, Meyer WJ, Murad MH, Rosenthal SM, Safer JD, Tangpricha V, T'Sjoen GG. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab. 2017;102(11):3869-3903.
- Triptodur® (triptorelin) [Prescribing information]. Atlanta, GA: Arbor Pharmaceuticals, LLC; 4/2022.
- World Professional Association for Transgender Health (2011) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People (Version 7). 2012. Available at: http://www.wpath.org/uploaded_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf

(7) Policy Update

Date of initial review: 3Q2022

Date of next review: 3Q2023

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*