triptorelin (Triptodur)

Medical Benefit Drug Policy

Place of Service
Office Administration
Infusion Center Administration
Home Infusion

Drug Details

USP Category: HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)
Mechanism of Action: Gonadotropin releasing hormone (GnRH) agonist
HCPCS:
J3316:Injection, triptorelin, extended-release, 3.75 mg
How Supplied:
22.5 mg (extended-release injectable suspension)

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

- Central Precocious Puberty
- Gender Dysphoria in Adolescents

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the California Code of Regulations (CCR), Title 22, Section 51303 and 51313 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

Coverage Criteria
The following condition(s) require Prior Authorization/Preservice.

Central Precocious Puberty
Meets medical necessity if all the following are met:
1. Documented diagnosis of central precocious puberty (neurogenic or idiopathic)

Covered Doses:
Up to 22.5 mg as an intramuscular injection every 24 weeks

Coverage Period:
Yearly, based on continued response to therapy

ICD-10:

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E30.1

Gender Dysphoria in Adolescents
Meets medical necessity if all the following are met:

Covered Doses:
Up to 22.5 mg given as an intramuscular injection every 24 weeks

Coverage Period:
Yearly, based on continued response to therapy

ICD-10:
F64.0, F64.1, F64.2, F64.9

References

1. AHFS. Available by subscription at http://www.lexi.com
2. DrugDex. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
3. 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.
4. Triptodur (triptorelin) [prescribing information]. Woburn, MA: Azurity Pharmaceuticals Inc; September 2025.
5. Coleman E, Radix AE, Bouman WP, et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. Int J Transgend Health. 2022;23(Suppl 1): S1-S259. Published 2022 Sep 6. Available at: https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644.

Review History

Date of Last Annual Review: 2Q2026
Changes from previous policy version:

- No change to policy following routine annual review

Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee