Triptodur (triptorelin) is a non-preferred product and will only be considered for coverage under the medical benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

### CENTRAL PRECOCIOUS PUBERTY (CPP)

For **initial** authorization:
1. Member is 2 years old or older; AND
2. Member has early onset of pubertal symptoms before the age of 8 for female or 9 for male; AND
3. Member has confirmed diagnosis of central precocious puberty, as evidenced by **both** of the following:
   a) Pubertal response to a gonadotropin releasing hormone (GnRH) stimulation test OR pubertal levels of basal luteinizing hormones (LH) and estradiol or testosterone hormones;
   b) Bone age is advanced by at least one year greater than chronological age; AND
4. Medication must be prescribed by or in consultation with an endocrinologist; AND
5. Member's baseline LH level, sex steroid level (estradiol or testosterone), and height are submitted with chart notes.
6. **Dosage allowed:** 22.5mg intramuscularly once every 24 weeks.

**If member meets all the requirements listed above, the medication will be approved for 6 months.**

For **reauthorization**:
1. If member is 11 years or older for females or 12 years or older for males, prescriber must provide a clinical reason for continuing medication beyond the recommended age for resuming puberty; AND
2. Chart notes have been provided showing efficacy of response (e.g., slowed growth rate, slowed bone age advancement, LH and sex steroid hormone levels have been suppressed or reduced to prepubertal levels).

**If member meets all the reauthorization requirements above, the medication will be approved for an additional 6 months.**

CareSource considers Triptodur (triptorelin) not medically necessary for the treatment of the diseases that are not listed in this document.
Diagnostic requirements (#3) updated to require both conditions: advanced bone age and GnRH stimulation test or pubertal hormone levels; removed ruled out diagnoses; removed list of secondary puberty signs and symptoms (redundancy); removed baseline weight; specified baseline LH hormones; Added requirement for discontinuation of treatment in reauth; added prescriber requirement.

References:

Effective date: 10/20/2020
Revised date: 07/28/2020