



## Commercial/Healthcare Exchange PA Criteria

Effective: April 30, 2020

**Prior Authorization:** Trelstar

**Products Affected:** Trelstar (triptorelin pamoate) injection

**Medication Description:** Trelstar is a gonadotropin releasing hormone (GnRH) agonist indicated for the palliative treatment of advanced prostate cancer.

**Covered Uses:** Palliative treatment of advanced prostate cancer.

**Exclusion Criteria:**

1. Known hypersensitivity to triptorelin or any other component of the product, or other GnRH agonists or GnRH

**Required Medical Information:**

1. Diagnosis
2. Medical history

**Age Restrictions:** 18 years of age and older

**Prescriber Restrictions:** Prescribed by, or in consultation with, an oncologist.

**Coverage Duration:** 12 months

**Other Criteria:**

- A. Patient has diagnosis of advanced prostate cancer; **AND**
- B. Patient will be using Trelstar as palliative care.

**References:**

1. Trelstar Prescribing Information. Irvine, CA: Allergan USA, Inc.; December 2018. Available at [https://www.allergan.com/assets/pdf/trelstar\\_pi](https://www.allergan.com/assets/pdf/trelstar_pi). Accessed April 30, 2020.

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	4/30/2020

Last Rev. April 2020



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