AETNA BETTER HEALTH® Coverage Policy/Guideline				
Name:	Trelstar		Page:	1 of 4
Effective Date:	8/19/2024		Last Review Date:	7/2024
Applies to:	☐Illinois ☒New Jersey ☒Pennsylvania Kids	☐Florida ☐Maryland ☐Virginia	☐Michigan ☐Florida Kids ☐Kentucky PRMD	

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Trelstar under the patient's prescription drug benefit.

Description:

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indication
Trelstar is indicated for the palliative treatment of advanced prostate cancer

B. Compendial Uses
1. Prostate cancer
2. Preservation of ovarian function
3. Breast cancer – ovarian suppression
4. Gender dysphoria (also known as transgender and gender diverse (TGD) persons)

All other indications are considered experimental/investigational and not medically necessary.

Per state regulatory guidelines around gender dysphoria, age restrictions may apply.

Applicable Drug List:

Trelstar

Policy/Guideline:

Documentation:
Submission of the following information is necessary to initiate the prior authorization review: Hormone receptor status testing results (where applicable).

Prescriber Specialty:
For gender dysphoria, the medication must be prescribed by or in consultation with a provider specialized in the care of transgender youth (e.g., pediatric endocrinologist, family or internal medicine physician, obstetrician-gynecologist) that has collaborated care with a mental health provider for patients less than 18 years of age.

Criteria for Initial Approval:
A. Prostate cancer

Authorization of 12 months may be granted for treatment of prostate cancer if the patient is unable to take leuprolide acetate injection kit 1mg/0.2mL or Eligard for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication.

B. Preservation of ovarian function

Authorization of 3 months may be granted for preservation of ovarian function when the member is premenopausal and undergoing chemotherapy.

C. Breast cancer – ovarian suppression

Authorization of 12 months may be granted for ovarian suppression in premenopausal members with hormone-receptor positive breast cancer at higher risk for recurrence (e.g., young age, high-grade tumor, lymph-node involvement) when used in combination with endocrine therapy.

D. Gender dysphoria

Requests for gender dysphoria do not require trial and failure of a preferred product.

1. Authorization of 12 months may be granted for pubertal hormonal suppression in an adolescent member when all of the following criteria are met:
   i. The member has a diagnosis of gender dysphoria.
   ii. The member is able to make an informed decision to engage in treatment
   iii. The member has reached Tanner stage 2 of puberty or greater.
   iv. The member's comorbid conditions are reasonably controlled.
   v. The member has been educated on any contraindications and side effects to therapy.
   vi. The member has been informed of fertility preservation options.
2. Authorization of 12 months may be granted for gender transition when all of the following criteria are met:
   i. The member has a diagnosis of gender dysphoria.
   ii. The member is able to make an informed decision to engage in treatment
   iii. The member will receive Trelstar concomitantly with gender-affirming hormones.
   iv. The member's comorbid conditions are reasonably controlled.
   v. The member has been educated on any contraindications and side effects to therapy.
   vi. The member has been informed of fertility preservation options.

Continuation of Therapy:

A. Prostate cancer

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization who are experiencing clinical benefit to therapy (e.g., serum testosterone less than 50 ng/dL) and who have not experienced an unacceptable toxicity.

B. Breast cancer – ovarian suppression

Authorization of 12 months may be granted (up to 5 years total) for continued treatment in members requesting reauthorization who were premenopausal at diagnosis and are still undergoing treatment with endocrine therapy.

C. Gender dysphoria

1. Authorization of 12 months may be granted for continued treatment for pubertal hormonal suppression in adolescent members requesting reauthorization when all of the following criteria are met:
   i. The member has a diagnosis of gender dysphoria.
   ii. The member is able to make an informed decision to engage in treatment
   iii. The member has previously reached Tanner stage 2 of puberty or greater.
   iv. The member's comorbid conditions are reasonably controlled.
   v. The member has been educated on any contraindications and side effects to therapy.
   vi. Before the start of therapy, the member has been informed of fertility preservation options.
2. Authorization of 12 months may be granted for continued treatment for gender transition in members requesting reauthorization when all of the following criteria are met:
   i. The member has a diagnosis of gender dysphoria.
   ii. The member is able to make an informed decision to engage in treatment
   iii. The member will receive Trelstar concomitantly with gender-affirming hormones.
   iv. The member's comorbid conditions are reasonably controlled.
   v. The member has been educated on any contraindications and side effects to therapy.
   vi. Before the start of therapy, the member has been informed of fertility preservation options.

D. Preservation of ovarian function

All members (including new members) requesting authorization for continuation of therapy for preservation of ovarian function must meet all initial authorization criteria.

Approval Duration and Quantity Restrictions:

Approval: Preservation of ovarian function – 3 months; all others – 12 months

References:

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