



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Trelstar

Page: 1 of 3

Effective Date: 8/26/2024

Last Review Date: 7/2024

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> 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

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

### 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).

### 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.



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#### **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.

#### **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.

##### **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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2. The NCCN Drugs & Biologics Compendium® © 2024 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed February 7, 2024.
3. Clowse MEB, Behera MA, Anders CK, et al. Ovarian preservation by GnRH agonists during chemotherapy: a meta-analysis. *J Womens Health (Larchmt)*. 2009 Mar; 18(3): 311–319. doi:10.1089/jwh.2008.0857.
4. Munhoz RR, et al. The role of LHRH agonists in ovarian function preservation in premenopausal women undergoing chemotherapy for early stage breast cancer: A systematic review and meta-analysis. Poster presented at: ASCO; May 29-June 2, 2015; Chicago, IL.



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5. Oktay K, Harvey BE, et al: Fertility Preservation in Patients With Cancer: ASCO Clinical Practice Guideline Update. Journal of Clinical Oncology 36:1994-2003, 2018.
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