



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Trelstar

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Effective Date: 9/14/2023

Last Review Date: 7/6/2023

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input 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:**

1. Trelstar [package insert]. Ewing, NJ: Verity Pharmaceuticals, Inc.; December 2021.
2. The NCCN Drugs & Biologics Compendium® © 2022 National Comprehensive Cancer Network, Inc. <http://www.nccn.org>. Accessed February 3, 2022.
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.
6. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Breast Cancer. Version 2.2022. [https://www.nccn.org/professionals/physician\\_gls/pdf/breast.pdf](https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf). Accessed February 3, 2022.
7. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; [http://online.lexi.com/lco/action/index/dataset/complete\\_ashp](http://online.lexi.com/lco/action/index/dataset/complete_ashp) [available with subscription]. Accessed February 3, 2022.
8. Lexicomp [database online]. Hudson, OH: Lexi-Comp, Inc.; <https://online.lexi.com/lco/action/home> [available with subscription]. Accessed February 3, 2022.