AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Trelstar	Page:	1 of 3
Effective Date:	8/7/2025	Last Review Date:	7/2025

Applies to:	☐Illinois	☐Florida	☒Florida Kids
	☐New Jersey	☒Maryland	☐Michigan
	☐Pennsylvania Kids	☒Virginia	☐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.

FDA-Approved Indication[1]

Trelstar is indicated for the treatment of advanced prostate cancer.

Compendial Uses

- Prostate Cancer[2]
- Preservation of ovarian function[3-6]
- Breast cancer – ovarian suppression[6-8]
- Salivary gland tumor[2]
- Uterine sarcoma[2]

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).

Coverage Criteria

Prostate Cancer[1,2]

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.

Preservation of ovarian function[3-6]

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

Breast cancer- ovarian suppression[2,6-9]

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.

Salivary Gland Tumor[2,10]

Authorization of 12 months may be granted for treatment of recurrent, unresectable, or metastatic salivary gland tumors in combination with abiraterone and prednisone when the tumor is androgen receptor positive.

Uterine Sarcoma[2]

Authorization of 12 months may be granted for treatment of uterine sarcoma in combination with an aromatase inhibitor (e.g. anastrozole, exemestane) when the member is premenopausal and not suitable for surgery.

Continuation of Therapy

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.

Preservation of ovarian function

All members (including new members) requesting authorization for continuation of therapy must meet all requirements in the coverage criteria section.

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.

Salivary Gland Tumor and Uterine Sarcoma

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Approval Duration and Quantity Restrictions:

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

References:

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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.
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 1.2025. https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf. Accessed February 17, 2025.
7. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed February 17, 2025.
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