

Jurisdiction Specific Medicare Part B Triptodur

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Triptodur	triptorelin

Indications

The indications below 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 Indications

- Central precocious puberty

Compendial Uses

ICD-10 codes supported by the Medicare Administrative Contractor

The list of covered ICD-10 codes is prohibitively long to include within this policy. A complete list can be found at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>.

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in this criteria should be accompanied by supporting evidence from Medicare approved compendia.

Coverage Criteria

Central precocious puberty¹⁻⁴

Reference number(s)
3942-A

Authorization of 12 months may be granted for treatment of central precocious puberty.

All other indications²

Authorization of 12 months may be granted for treatment of all other approvable indications listed in LCA A52453.

Dosage and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

References

1. Drugs and Biologicals LCD (L33394) Version R16. Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed December 13, 2024.
2. Billing and Coding: LHRH Analogs (A52453) Version R12. Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed December 13, 2024.
3. Billing and Coding: Drugs and Biologicals (A52855) Version R8. Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed December 13, 2024.
4. Triptodur [package insert]. Woburn, MA: Azurity Pharmaceuticals, Inc.; November 2023.