Triptorelin:

Class:

- Gonadotropin Releasing Hormone Agonist

Indications:

- Palliative treatment of advanced prostate cancer
- Decapeptyl® (Canadian labeling; not available in U.S.): Adjunctive therapy in women undergoing controlled ovarian hyperstimulation for assisted reproductive technologies (ART)

Unlabeled use :

- Treatment of endometriosis, *in vitro* fertilization, precocious puberty, uterine sarcoma;
- treatment of paraphilia/hypersexuality

Available dosage form in the hospital:

0.1 mg ampoule
3.75 mg ampoule
11.25 mg vial

Trade Names:

Arvekap , Decapeptyl , Decapeptyl CR , Decapeptyl Depot ,Decapeptyl LP , Decapeptyl Retard , Decapeptyl SR , Diphereline , Diphereline PR , Gonapeptyl , Gonapeptyl Depot , Neo Decapeptyl , Neo-Decapeptyl CR , Pamorelin , Salvacyl

Dosage:

-Advanced prostate carcinoma: I.M.:

- 3.75 mg once every 4 weeks **or**
- 11.25 mg once every 12 weeks **or**
- 22.5 mg once every 24 weeks

-Controlled ovarian hyperstimulation for assisted reproductive technologies (ART) (adjunctive therapy): *Canadian labeling (Decapeptyl®; not available in U.S.):* Females: SubQ: Usual dose: 0.1 mg once daily initiated on day 2 or 3 or days 21-23 of cycle (or 5-7 days prior to expected onset of menses). Dose may be adjusted according to ovarian response as measured by ovarian ultrasound with or without serum estradiol levels. Treatment is continued until follicles achieve suitable size (typically 4-7 weeks).

-Treatment of paraphilia/hypersexuality (unlabeled use; Guay, 2009; Thibaut, 1993): Males:

Note: May cause an initial increase in androgen concentrations which may be treated with an antiandrogen (eg, flutamide, cyproterone) for 1-2 months (Guay, 2009). Avoid use in patients with osteoporosis or active pituitary pathology.

- SubQ: Test dose: 1 mg (observe for hypersensitivity)
- I.M.: 3.75 mg monthly.

Geriatric

Refer to adult dosing.

Renal Impairment:

No dosage adjustment provided in manufacturer's labeling; however, compared to healthy subjects, triptorelin exposure was increased in moderate to severe renal impairment; the significance of these findings has not been determined.

Hepatic Impairment:

No dosage adjustment provided in manufacturer's labeling; however, compared to healthy subjects, triptorelin exposure was increased in hepatic impairment (degree not specified); the significance of these findings has not been determined.

Common side effect:

- Endocrine & metabolic: Hot flash (59% to 73%), increased serum glucose, increased testosterone (peak: days 2-4; decline to low levels by weeks 3-4)
- Hematologic & oncologic: Decreased hemoglobin, decreased red blood cells
- Hepatic: Increased serum alkaline phosphatase (2% to >10%), increased serum ALT, increased serum AST
- Neuromuscular & skeletal: Musculoskeletal pain (12% to 13%)
- Renal: Increased blood urea nitrogen

Pregnancy Risk Factor: X