



## Commercial/Healthcare Exchange PA Criteria Effective: January 1, 2020

**Prior Authorization:** Fertility

**Products Affected:** Chorionic Gonadotrophins, Follistim, Ganirelix/Fyremadel, Gonal-F, Menopur, Novarel, Pregnyl, Cetrotide, Ovidrel

**Medication Description:**

For the induction of ovulation and pregnancy in anovulatory infertile patients in whom the cause of infertility is functional and not caused by primary ovarian failure.

To stimulate the development of multiple follicles in ovulatory patients undergoing Assisted Reproductive Technologies (ART), e.g., in vitro fertilization.

Note: Coverage subject to benefits.

**Please note limitations regarding coverage exist in accordance with Connecticut General Statutes Title 38:**

1. Coverage limited for ovulation induction to a lifetime maximum benefit of four cycles;
2. Coverage limited for intrauterine insemination to a lifetime maximum benefit of three cycles;
3. Lifetime benefits limited to a maximum of two cycles, with not more than two embryo implantations per cycle, for in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-fallopian transfer or low tubal ovum transfer, provided each such fertilization or transfer shall be credited toward such maximum as one cycle.

These limitations are outlined under Coverage Limit below.

**Covered Uses:**

1. Female Infertility
2. Induction of Spermatogenesis in Men with Primary and Secondary Hypogonadotropic Hypogonadism (HH) in Whom the Cause of Infertility is Not Due to Primary Testicular Failure

**Exclusion Criteria:** N/A

**Required Medical Information:**

1. Patient cycle (IUI, IVF, timed intercourse, etc.)
2. Fresh IVF cycle or frozen embryo transfer (FET)
3. Number and type of previous cycles

**Age Restrictions:** N/A

**Prescriber Restrictions:** N/A

**Coverage Limit (based on state of CT mandate):**

1. Ovulation induction: lifetime maximum benefit of 4 cycles.
2. Intrauterine insemination (IUI): lifetime maximum benefit of 3 cycles.

Last Reviewed: December 2022



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- In-vitro (IVF) fertilization: lifetime maximum benefit of 2 cycles, with not more than two embryo implantations per cycle.

**Coverage Duration:** IUI 3 months; IVF 3 months, Male Infertility – 3 months; Male Hypogonadism – 12 months\*

\*Note: coverage duration subject to benefits

**Other Criteria:**

**Female Infertility**

- Gonadotropins are being used for ovulation induction only (if being used as part of IUI or ART procedure, appropriate criteria applies); **AND**
- For coverage of Follistim:
  - The patient has tried Gonal-F
- For coverage of Ganirelix/Fyremadel:
  - The patient has tried Cetrotide
- For coverage of HCG/Pregnyl/Novarel:
  - The patient has tried Ovidrel

**For Endometrin:** Approve if the patient meets the following criteria:

- For use as part of Assisted Reproductive Technology to support embryo implantation and early pregnancy

**Male Infertility**

- For coverage of Follistim:
  - The patient has had a previous trial and failure of OR contraindication to Gonal-F

**References:**

- American College of Obstetricians and Gynecologists. Infertility. ACOG Technical Bulletin No. 125. Washington, DC: ACOG; 1989.
- American College of Obstetricians and Gynecologists. Practice Bulletin. Management of infertility caused by ovarian dysfunction. ACOG Practice Bulletin No. 34, Volume 99, February 2002.
- Product Information: ENDOMETRIN(R) vaginal insert, progesterone vaginal insert. Ferring Pharmaceuticals, Inc, Suffern, NY, 2007.
- CT Gen Stat § 38a-536 (2012)
- Product Information: Fyremadel (ganirelix acetate) injection. Ferring Pharmaceuticals Inc. Parsippany, NJ 07054, 2022.

**Policy Revision history**

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy for Chorionic Gonadotrophins, Novarel, Pregnyl;  Combined with CCI Endometrin Policy  Combined with CCI Gonadotropin Policy  Updated template from CCI to EH;  Historical Revision Record: 2/16, 5/17, 9/18	All	1/1/2020

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2	Update	Updated Products Affected list: Cetrotide, Ovidrel	Products Affected	02/25/2020
3	Update	Added coverage criteria for Male Infertility; Removed Dose and Frequency from Required medical information	Required Medical Information Covered Uses Coverage Duration Other Criteria	7/23/2020
4	Update	Removed Patient has tried and failed to ovulate using at least 4 (four) cycles of clomiphene citrate; AND	Other Criteria	9/24/2020
5	Update	Added coverage limits clarification in accordance with CT General Statutes	Coverage Limitation	7/9/2021
6	Update	Added Fyremadel to products affected and other criteria	Products affected Other Criteria	9/19/2022
7	Update	Removed Bravelle and Endometrin from policy	Products Affected Other Criteria	12/21/2022