

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

Prior Authorization: Fertility

Products Affected: Bravelle, Chorionic Gonadotrophins, Endometrin, Follistim, Ganirelix, 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), eg, in vitro fertilization.

Note: Coverage subject to benefits.

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 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

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



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

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

Male Infertility

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

References:

1. American College of Obstetricians and Gynecologists. Infertility. ACOG Technical Bulletin No. 125. Washington, DC: ACOG; 1989.
2. American College of Obstetricians and Gynecologists. Practice Bulletin. Management of infertility caused by ovarian dysfunction. ACOG Practice Bulletin No. 34, Volume 99, February 2002.
3. Product Information: ENDOMETRIN(R) vaginal insert, progesterone vaginal insert. Ferring Pharmaceuticals, Inc, Suffern, NY, 2007.

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
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

Last Reviewed: September 2020



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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
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