

Policies Repository



Policy Title Injectable Fertility Medications

Policy Number FS.CLIN.33

Application of Pharmacy Policy is determined by benefits and contracts. Benefits may vary based on product line, group or contract. Some medications may be subject to precertification, age, gender or quantity edits. Individual member benefits must be verified.

This Pharmacy Policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this Policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy Injectable fertility medications (gonadotropins) are subject to a quantity limit and a gender edit for members who have a fertility benefit rider that allows for coverage of injectable fertility medications through the pharmacy benefit.

Members who do not have a fertility benefit rider may not be eligible for these medications.

Prior authorization (ie, clinical pharmacy and/or Medical Director review) is required for injectable fertility medications that exceed quantity limits.

Policy Description

Menotropins (luteinizing hormone [LH]/follicle-stimulating hormone [FSH]) and follitropins (FSH) are each administered sequentially with human chorionic gonadotropin (hCG) for the induction of ovulation in anovulatory women for whom the cause of infertility is functional and not related to primary ovarian failure. These drugs are only covered for members who have a fertility benefit rider.

In men, these drugs are typically administered for the treatment of hypogonadism and the induction of spermatogenesis.

Policy Guideline Inclusion

Injectable fertility medications are approved when both of the following inclusion criteria are met:

- The drug has been prescribed by a reproductive endocrinologist or gynecologist.
- The member has a fertility benefit rider that allows for coverage of injectable fertility medications through the pharmacy benefit.

Policy Guideline Exclusion

Injectable fertility medications are denied when any of the following exclusion criteria are present:

- The drug has been prescribed by a provider other than a reproductive endocrinologist or gynecologist.
- The member does not have a fertility benefit rider.

Any request submitted for a male member will be processed as a gender edit, and approvals will be at the current quantity limits. A second request may be reviewed as a quantity edit.

Refer to Policy List of Applicable Drugs for a list of injectable fertility medications with applicable quantity limits.

The quantity limits listed will be cumulative.

Policy List of Applicable Drugs

Drug Name	Units	Limit Per Month
Bravelle 75 Unit Vial	4500 units	Limit per Month = 60 vials
Follistim AQ 75 Unit Vial	4500 units	Limit per Month = 60 vials
Follistim AQ 150 Unit Vial	4500 units	Limit per Month = 30 vials
Follistim AQ 300 Unit Cartridge	4500 units	Limit per Month = 15 vials
Follistim AQ 600 Unit Cartridge	4800 units	Limit per Month = 8 vials
Follistim AQ 900 Unit Cartridge	4500 units	Limit per Month = 5 vials
Gonal-F 450 Units Ampule	4500 units	Limit per Month = 10 vials
Gonal-F 1,050 Units Vial	5250 units	Limit per Month = 5 vials
Menopur 75 Units Vial	4500 units	Limit per Month = 60 vials
Repronex 75 Units Vial	4500 units	Limit per Month = 60 vials

Dosing and Administration

Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.

Policy References

Antagon® (ganirelix acetate) [package insert]. West Orange, NJ: Organon, Inc.; 1999. Also available online at: <http://www.fda.gov/cder/foi/label/1999/21057lbl.pdf>. Accessed March 19, 2010.

Cetrotide® (cetrotorelix) [package insert]. Warren, NJ: Aeterna Zentaris; 2004. Also available online at: http://www.fertilitylifelines.com/assets/pdfs/products/cetrotide/cetrotide_pippi.pdf. Accessed March 19, 2010.

efacts. Follitropins. [e-facts Drug Facts and Comparisons Web site]. Available at: <http://www.factsandcomparisons.com/efacts.asp> [via subscription only]. Accessed March 19, 2010.

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Ferring Pharmaceuticals. Novarel® (chorionic gonadotropin for injection). [Ferring Pharmaceuticals Web site]. 2004. Available at: http://www.ferringusa.com/fertility_products/insert_novarel.htm#10. Accessed March 19, 2010.

Luveris® (lutropin alfa for injection) [package insert]. Rockland, MA: Serono, Inc.; 2005. Also available online at: http://www.fertilitylifelines.com/assets/pdfs/products/luveris/luveris_pi.pdf. Accessed March 19, 2010.

Ovidrel® (choriogonadotropin alfa injection) [package insert]. Rockland, MA: Serono, Inc.; 2004. Also available online at: http://www.fertilitylifelines.com/assets/pdfs/products/ovidrel/ovidrel_pi.pdf. Accessed March 19, 2010.

Pregnyl® (human chorionic gonadotropin) [package insert]. Kenilworth, NJ: Organon; 2003. Also available online at: <http://home.intekom.com/pharm/donmed/pregnyl.html>. Accessed March 19, 2010.

Profasi® (chorionic gonadotropin for injection) [package insert]. Randolph, MA: Serono Laboratories, Inc.; 1993. Also available online at: <http://www.mesomorphosis.com/downloads/uspi-hcg.pdf>. Accessed March 19, 2010.

Policy Link to Related Policies

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