ART Drugs

Description

Bravelle (urofollitropin), Cetrotide (cetrorelix), Clomid, Clomiphene Powder, Serophene (clomiphene citrate), Crinone, Endometrin, Progesterone in Oil, Progesterone Powder, Prometrium (progesterone), Follistim AQ (follitropin beta), Gonal-F, Gonal F RFF (follitropin alfa), Ganirelix (ganirelix), Eligard, Lupron Depot (leuprolide), Menopur (menotropins)

Background

Assisted Reproductive Technologies (ART) represent a group of non-coital manipulations and processes that manipulate ova and/or sperm to achieve a pregnancy. The most well-known examples are ovulation induction, intrauterine insemination and in-vitro fertilization. ART and infertility drugs used in conjunction with ART procedures or erectile or sexual dysfunction, weight loss, performance enhancement and anti-aging are not covered benefits. The diagnosis of hypogonadotrophic hypogonadism is an off label indication for these medications.

A variety of drugs are used to manipulate the hypothalamic-pituitary-gonadal axis in order to induce ovulation in females known as controlled ovarian hyperstimulation (COH). Some of these pharmacologic agents are used for additional clinical care indications.

Drugs Included in Infertility Drugs / ART Criteria

- Antagon (ganirelix) – inhibition of premature LH surges in women undergoing COH
- Bravelle (urofollitropin) – ovulation induction and multiple follicle development during ART
- Clomid (clomiphene citrate) – ovulation induction
- Clomiphene Powder – ovulation induction
- Crinone (progesterone) – progesterone supplementation during ART
- Eligard (leuprolide) – inhibition of premature LH surges in women undergoing COH
- Endometrin (progesterone) – progesterone supplementation during ART
- Follistim AQ (follitropin beta) – ovulation induction and multiple follicle development during ART
- Gonal-F (follitropin alfa) – ovulation induction, and multiple follicle development during ART
- Gonal-F RFF (follitropin alfa) – ovulation induction and multiple follicle development during ART
- HCG powder (human chorionic gonadotropin) - ovulation induction, spermatogenesis induction- separate policy
- Lupron Depot (leuprolide) – inhibition of premature LH surges in women undergoing COH
- Menopur (menotropins) – multiple follicle development during ART
- Novarel (chorionic gonadotropin) – ovulation induction – separate policy
- Ovidrel (choriogonadotropin) – ovulation induction and stimulation of final follicle maturation and early luteinization for ART – separate policy
- Pregnyl (chorionic gonadotropin) – ovulation induction – separate policy
- Progesterone in oil (progesterone) – progesterone supplementation during ART
- Progesterone powder (progesterone) – progesterone supplementation during ART
- Prometrium (progesterone) – progesterone supplementation during ART
- Serophene (clomiphene citrate) – ovulation induction

**Drugs Excluded from Infertility Drugs / ART Criteria**
- Arimidex (anastrozole) – limited use in ART and used to treat breast cancer
- Aromasin (exemestane) – limited use in ART and used to treat breast cancer
- Femara (letrozole) – limited use in ART and used to treat breast cancer
- Tamoxifen – limited use in ART and used to treat breast cancer

**Regulatory Status**
The drugs addressed by this policy are FDA-approved for use in one or more of a variety of different conditions.

**Related policies**
Synarel
Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

The drugs listed may be considered medically necessary if the conditions indicated below are met for all indications other than those that are considered to be assisted reproductive technology (ART) or other conditions associated weight loss, performance enhancement, anti-aging and erectile or sexual dysfunction are non-covered benefits.

The drugs listed may be considered medically necessary in patients with Gender Dysphoria (GD), and if the conditions indicated below are met.

Prior-Approval Requirements

Diagnoses

Female

ALL diagnoses are covered EXCEPT:

Patients must NOT use for the following indications:

1. Use in conjunction with Assisted Reproductive Technology (ART) procedures, which include but are not limited to:
   a. Artificial insemination (AI)
   b. In vitro fertilization (IVF)
   c. Embryo transfer and gamete intrafallopian transfer (GIFT)
   d. Zygote intrafallopian transfer (ZIFT)
   e. Intravaginal insemination (IVI)
   f. Intracervical insemination (ICI)
   g. Intracytoplasmic sperm injection (ICSI)
   h. Intrauterine insemination (IUI)

Male

ALL diagnoses are covered EXCEPT:

For the following indication patient must have:

1. Hypogonadotropic hypogonadism with ALL of the following:
   a. NOT caused by primary testicular failure
b. Patient has low pretreatment testosterone levels
c. Patient has low or low-normal follicle stimulating hormone (FSH) or luteinizing hormone (LH) levels
d. Used for spermatogenesis

Male patients must **NOT** use for the following indication:
1. Erectile or sexual dysfunction

AND **NOT** for the following for both males and females:
1. Weight loss
2. Anti-aging effects
3. Performance (athletic) enhancement

**Diagnosis**

The patient must have the following:

Gender Dysphoria (GD)
1. Prescribed by an endocrinologist or transgender specialist
2. Patient has met the DSM V criteria for GD

**Prior – Approval Renewal Requirements**
Same as above

**Policy Guidelines**

**Pre - PA Allowance**

These drugs are covered for female members greater than 50 years of age.

**Prior - Approval Limits**

<table>
<thead>
<tr>
<th>Duration</th>
<th>Females</th>
<th>Males</th>
<th>GD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6 months</td>
<td>12 months</td>
<td>2 years</td>
</tr>
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Summary
Assisted Reproductive Technology (ART), weight loss, performance enhancement, anti-aging and erectile or sexual dysfunction are not covered benefits. The diagnosis of hypogonadotropic hypogonadism is an off label indication for these medications and is not a covered diagnosis. The primary pharmacologic treatments used to induce ovulation in coital reproduction and for controlled ovarian hyperstimulation (COH) in ART are generally the same. (1-2)

Prior authorization is required to ensure the safe, clinically appropriate and cost effective use of drugs used for ART and GD while maintaining optimal therapeutic outcomes.

References

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2011</td>
<td>Adding human chorionic gonadotropin (HCG) powder to the list of drugs used in infertility and ART; HCG is used to induce ovulation and spermatogenesis.</td>
</tr>
<tr>
<td>August 2011</td>
<td>Removing HCG POWDER (human chorionic gonadotropin) NOVAREL / PREGNYL (chorionic gonadotropin) and OVIDREL (choriogonadotropin) from this criterion; these agents will be on their own criterion to exclude use for weight loss, performance enhancement, and anti-aging effects.</td>
</tr>
<tr>
<td>December 2012</td>
<td>Annual editorial review and reference update</td>
</tr>
<tr>
<td>July 2013</td>
<td>Removal of Prochieve due to withdrawal from the market.</td>
</tr>
<tr>
<td>February 2013</td>
<td>Addition of Leuprolide powder</td>
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</tbody>
</table>
5.30.02

Section: Prescription Drugs  Effective Date: January 1, 2020
Subsection: Endocrine and Metabolic Drugs  Original Policy Date: January 1, 2011
Subject: ART Drugs  Page: 6 of 6

September 2014  Annual review
Addition of Gender Identity Disorder (and other conditions associated with sex transformations), erectile or sexual dysfunction, weight loss, performance enhancing or anti-aging as a non-covered benefit
Addition of hypogonadism as a non-covered off label use
Removal of Standard Allowance for men under 50

September 2015  Annual editorial review and reference update

December 2015  Annual review
Addition of Gender Dysphoria (GD) use and duration

September 2016  Annual editorial review
Addition of or transgender specialist to GD
Addition of these drugs are covered for only female members greater than 50 years of age.

January 2017  Removal of First – Progesterone VGS and the GD age requirement

March 2017  Annual review

July 2017  Removal of primary hypogonadism as a non-covered off label use and the addition of the hypogonadism requirements

September 2017  Annual review

April 2018  Removal of Leuprolide powder

June 2018  Annual review

December 2019  Annual editorial review. Changed approval duration for gender dysphoria from lifetime to 2 years

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 6, 2019 and is effective on January 1, 2020.