



Preferred Specialty Management Infertility – Gonadotropin-Releasing Hormone Antagonists

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Product Identifier(s)

13819

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

National Formulary Medical Necessity

Drugs Affected

- Cetrotide® (cetrorelix acetate for injection)
- Ganirelix acetate injection (generics)

Currently, utilization of these products is not managed by a Prior Authorization (PA) Policy, but rather based on whether an individual's benefit includes infertility coverage. If the individual's benefit includes infertility coverage, this Preferred Specialty Management program has been developed to encourage the use of the Preferred Product. The program directs the individual to try the Preferred Product prior to the approval of the Non-Preferred Product. Requests for the Non-Preferred Product will be reviewed using the exception criteria (below). All approvals are provided for the duration noted below.

Injectable fertility medications are specifically excluded under most benefit plans. Please refer to the applicable benefit plan document to determine benefit availability and the terms and conditions of coverage.

Preferred Product: Cetrotide
Non-Preferred Product: Ganirelix

Cigna covers Ganirelix as medically necessary when the following criteria are met:

Non-Preferred Product	Exception Criteria
Ganirelix	1. If individual's benefit includes infertility coverage, approve for 1 year if individual has tried Cetrotide.

Conditions Not Covered

Any other exception is considered not medically necessary.

Background

Overview

Cetrotide and ganirelix are indicated for the inhibition of premature luteinizing hormone (LH) surges in women undergoing controlled ovarian stimulation.^{1,2}

Cetrotide and Ganirelix are synthetic decapeptides that are analogs of native gonadotropin-releasing hormone (GnRH) with GnRH antagonist activity.^{1,2} GnRH induces the production and release of LH and follicle stimulating hormone (FSH) from the anterior pituitary. Both agents compete with natural GnRH for binding to membrane receptors on pituitary cells and control the release of LH and FSH in a reversible manner.

References

1. Cetrotide [prescribing information]. Rockland, MA: EMD Serono, Inc.; May 2018.
2. Ganirelix acetate injection [prescribing information]. Parsippany, NJ: Ferring Pharmaceuticals Inc; March 2019.

Revision History

Type of Revision	Summary of Changes	Approval Date
Annual revision	No criteria changes.	09/02/2020

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