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Human Chorionic Gonadotropin (hCG) for Non-fertility Uses

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Related Coverage Resources

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Overview

This policy supports medical necessity review for the following human chorionic gonadotropin products:

- **chorionic gonadotropin** intramuscular injection (urine-derived)
- **Novarel®** (chorionic gonadotropin intramuscular injection [urine-derived])
- **Pregnyl®** (chorionic gonadotropin intramuscular injection [urine-derived])

The following coverage policy criteria addresses the use of human chorionic gonadotropin (hCG) for indications other than fertility. The use of hCG for fertility is addressed in a separate coverage policy. Please refer to the related coverage policy link above: Infertility Injectables.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Medical Necessity Criteria

Human chorionic gonadotropin (chorionic gonadotropin, Novarel®, Pregnyl®) is considered medically necessary when ONE of the following is met:

1. **Treatment of Prepubertal cryptorchidism.** Individual meets **ALL** of the following criteria:
   A. Between the ages of 4 to 9 years old
   B. Documented diagnosis of prepubertal cryptorchidism not due to anatomical obstruction

2. **Diagnostic testosterone stimulation test.** Individual meets **ALL** of the following criteria:
   A. Human chorionic gonadotropin (hCG) is to be used for evaluation of suspected hypogonadism in a pediatric individual
   B. Medication is prescribed by a provider who specializes in pediatric endocrinology or pediatric urology

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When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Reauthorization Criteria

Continuation of Human chorionic gonadotropin (chorionic gonadotropin, Novarel, Pregnyl) is considered medically necessary for prepubertal cryptorchidism when the above medical necessity criteria are met AND there is documentation of beneficial response.

Diagnostic testosterone stimulation test: Not applicable for continuation beyond initial one time approval for diagnostic testing purposes.

Authorization Duration

Prepubertal cryptorchidism:
Initial approval duration: up to 6 months.
Reauthorization approval duration: up to 6 months.

Diagnostic testosterone stimulation test: One time authorization for diagnostic testing purposes

Conditions Not Covered

Any other use is considered experimental, investigational or unproven, including the following (this list may not be all inclusive):

1. **Obesity**
   The prescribing information for Novarel and Pregnyl notes that hCG has not been demonstrated to be an effective adjunctive therapy in the treatment of obesity.[1,2] There are no data to suggest that hCG increases weight loss beyond that resulting from caloric restriction. Although preliminary data from several decades ago suggested weight loss and change in body fat distribution when hCG was combined with dietary caloric restriction,[1,2,5] further evidence did not demonstrate benefit of hCG injections.[6-8] A meta-analysis of 24 studies (16 controlled trials, 8 uncontrolled) evaluating hCG use for the treatment of obesity concluded that there is no scientific evidence that hCG causes weight loss or redistribution of fat, reduces hunger, or induces a feeling of well-being.[7]
2. **In combination with testosterone therapy**
3. **Sexual dysfunction, including erectile dysfunction**
4. **Treatment of low testosterone in the absence of hypogonadotropic hypogonadism**
5. **Treatment of low testosterone due to hypogonadotropic hypogonadism concurrently with testosterone therapy**

If hCG is being used for the stimulation of spermatogenesis in hypogonadotropic hypogonadism please refer to the related coverage policy link Infertility Injectables (1012)

Coding Information

1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCPCS Codes	Description
J0725	Injection, chorionic gonadotropin, per 1,000 USP units

Background

OVERVIEW

Pregnyl, Novarel, and chorionic gonadotropin for injection are indicated for the following uses:[1-3]

- **Prepubertal cryptorchidism** not due to anatomical obstruction.
- Selected cases of **hypogonadotropic hypogonadism** (hypogonadism secondary to a pituitary deficiency) in males.
- **Induction of ovulation and pregnancy** in the anovulatory, infertile women in whom the cause of anovulation is secondary and not due to primary ovarian failure, and who has been appropriately pretreated with human menotropins.

Pregnyl, Novarel, and chorionic gonadotropin for injection are highly purified preparations obtained from the urine of pregnant females and are administered intramuscularly.[1-3] The physicochemical, immunological, and biological activities of recombinant hCG are comparable to those of placental and human pregnancy-urine derived hCG.

The action of hCG is very similar to the pituitary luteinizing hormone (LH), although hCG possesses slight follicle-stimulating hormone (FSH) activity.[1-3] hCG also stimulates production of gonadal steroid hormones by stimulating the interstitial cells of the testis to produce androgens and the corpus luteum of the ovary to produce progesterone.

In males, androgen stimulation by hCG results in the development of secondary sex characteristics that may lead to testicular descent when no anatomical obstruction is present.[1-3] When hCG is discontinued, the descent is usually reversible. During the normal menstrual cycle, LH acts with FSH in the maturation and development of the normal ovarian follicle and the mid-cycle LH surge causes ovulation; hCG can replace LH in this capacity. When pregnancy occurs, hCG produced by the placenta maintains the corpus luteum after LH secretion decreases, supporting continued secretion of estrogen and progesterone and preventing menstruation.

Table 1. Chorionic Gonadotropin Product Descriptions/Dosing Regimens.[1-3]

Detail	Pregnyl, Novarel, chorionic gonadotropin
Formulation type	Urine-derived
Availability	**Pregnyl:** 10,000 USP units of hCG. **Novarel Vial:** 5,000 USP and 10,000 USP units of hCG. **Chorionic gonadotropin:** 10,000 USP units of hCG.
Administration route	IM only
Dosing	• **Prepubertal cryptorchidism dosing options*:**

Detail	Pregnyl, Novarel, chorionic gonadotropin
	○ 4,000 USP units TIW for 3 weeks. ○ 5,000 USP units every second day for 4 injections. ○ 15 injections of 500 to 1,000 USP units over a 6-week period. ○ 500 USP units TIW for 4 to 6 weeks. If unsuccessful, then another series starting 1 month later is given, using 1,000 USP units per injection. • **Selected cases of hypogonadotropic hypogonadism in males dosing options*:** ○ 500 to 1,000 USP units TIW for 3 weeks, followed by the same dose twice a week for 3 weeks. ○ 4,000 USP units TIW for 6 to 9 months, then decreased to 2,000 USP units TIW for an additional 3 months. • **Induction of ovulation dosing***: ○ 5,000 to 10,000 USP units 1 day following the last dose of menotropins. A dosage of 10,000 USP units is recommended in the labeling for menotropins.

hCG – Human chorionic gonadotropin; IM – intramuscularly; * The dosage regimen used in any particular patient will depend upon the indication for the use, the age and weight of the patient, and the physician's preference. The regimens listed have been advocated by various authorities; TIW – Three times per week.

References

1. Pregnyl® intramuscular injection [prescribing information]. Jersey City, NJ: Organon; June 2023.
2. Novarel® intramuscular injection [prescribing information]. Parsippany, NJ: Ferring; May 2023.
3. Chorionic gonadotropin intramuscular injection [prescribing information]. Lake Zurich, IL: Fresenius Kabi; February 2016.