Drug Coverage Policy

Effective Date.....7/15/2026
Coverage Policy Number.....IP0801
Policy Title.....Menotropins For Injection

Infertility – Menotropins For Injection

- Menopur® (menotropins for injection – Ferring Pharmaceuticals)

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. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. 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.

OVERVIEW

Menopur products contain highly purified human menopausal gonadotropin (hMG), providing both follicle-stimulating hormone (FSH) and luteinizing hormone (LH) activity. Menopur is indicated for

the development of multiple follicles in ovulatory women undergoing assisted reproductive technology (ART) programs such as in vitro fertilization (IVF).[1]

Guidelines
The **American Society for Reproductive Medicine (ASRM) committee opinion (2020)** states that gonadotropin therapy carries more risks compared to oral ovulation induction agents and should only be used by clinicians with appropriate training. Most women respond to oral medications such as clomiphene or letrozole; gonadotropins are generally reserved for those who fail oral therapy or lifestyle modifications.[2] In men, the **American Society for Reproductive Medicine (ASRM)** recognizes clomiphene's off-label use as a therapeutic option for those with low testosterone and infertility who wish to preserve fertility.[3]

The **American Society for Reproductive Medicine (ASRM)** recommends using a gonadotropin-releasing hormone (GnRH) agonist trigger (for example, leuprolide) as a first-line strategy to reduce the risk of moderate-to-severe ovarian hyperstimulation syndrome (OHSS) in patients at increased risk, with adequate luteal support when a fresh embryo transfer is planned. While long GnRH agonist ("down-regulation") protocols have historically been used for pituitary suppression and prevention of premature LH surge, contemporary guidance favors GnRH antagonist protocols to enable agonist trigger use and further mitigate OHSS risk.[4]

For patients undergoing gonadotoxic treatments (e.g., chemotherapy or radiation), timely counseling on fertility preservation is essential. Established options include ovarian stimulation with gonadotropins (for example, menotropins), followed by oocyte or embryo cryopreservation.[5] Men with hypogonadotropic hypogonadism (HH) can be treated with human chorionic gonadotropin (hCG) alone or in combination with follicle-stimulating hormone (FSH), such as in menotropins (hMG), which provide both FSH and luteinizing hormone (LH) activity and are effective in stimulating testicular function and inducing spermatogenesis.[1]

Coverage Policy

Coverage of treatment services for infertility varies across plans. Please refer to the related coverage policy (0089 Infertility Services).

Policy Statement
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.

Prior Authorization is required for benefit coverage of menotropins. In the clinical criteria, as appropriate, an asterisk (*) is noted next to the specified gender. In this context, the specified gender is defined as follows: males are defined as individuals with the biological traits of a male, regardless of the individual's gender identity or gender expression; females are defined as individuals with the biological traits of a female, regardless of the individual's gender identity or gender expression. All approvals are provided for the duration noted below.

I. Menotropins for injection (Menopur): Approve for 1 year if the patient meets the following (1 or 2):

FDA-Approved Indications

1. **Infertility.** Patient meets ONE of the following (A or B):
   A. *Females undergoing infertility treatment, use is for ovulation induction; OR
   B. *Females undergoing fertility preservation, use is for ovulation induction; OR

Other Uses with Supportive Evidence

2. **Infertility.** *Males, use is for the treatment of hypogonadotropic hypogonadism.

*Refer to the Policy Statement.

Conditions Not Covered

Menotropins for injection for any other use is considered not medically necessary. Criteria will be updated as new published data are available.

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
S0122	Injection,menotropins, 75 IU

References

1. Ferring Pharmaceuticals, Inc. Menopur (menotropins for injection) [product information]. Parsippany, NJ: Ferring Pharmaceuticals, Inc. June 2021.
2. American Society for Reproductive Medicine (ASRM), Use of exogenous gonadotropins for ovulation induction in anovulatory women: A committee opinion. ASRM, Birmingham, AL: 2020.
3. Schlegel PN, Sigman M, Collura B, De Jonge CJ, Eisenberg ML, Lamb DJ, Mulhall JP, Niederberger C, Sandlow JI, Sokol RZ, Spandorfer SD, Tanrikut C, Treadwell JR, Oristaglio JT, Zini A. Diagnosis and treatment of infertility in men: AUA/ASRM guideline part II. Fertil Steril. 2021;115(1):62–69. ©2020 by American Urological Association Education and Research, Inc. and American Society for Reproductive Medicine.
4. Practice Committee of the American Society for Reproductive Medicine. Prevention and treatment of moderate and severe ovarian hyperstimulation syndrome: a guideline. Fertil Steril. 2023;120(3):437–450. ©2023 by American Society for Reproductive Medicine.
5. Ethics Committee of the American Society for Reproductive Medicine. Fertility preservation and reproduction in patients facing gonadotoxic therapies: an Ethics Committee opinion. Fertil Steril. 2018;110(3):380–386. ©2018 by American Society for Reproductive Medicine.

Revision Details

Summary of Changes	Review Date	Effective Date
New policy.	5/14/2026	7/15/2026

The policy effective date is in force until updated or retired.