CareFirst Family of health care plans

CVS/caremark

SPECIALTY GUIDELINE MANAGEMENT

Menopur (menotropins for injection)
Repronex (menotropins for injection)

*Hereafter, menotropin will be used to describe both products

POLICY

A. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

Menopur is indicated for development of multiple follicles and pregnancy in ovulatory women as part of an assisted reproductive technology cycle

Repronex, in conjunction with hCG (human chorionic gonadotropin), is indicated for multiple follicular development (controlled ovarian stimulation) and ovulation induction in patients who have previously received pituitary suppression.

All other indications are considered experimental/investigational and are not covered benefits.

B. REQUIRED DOCUMENTATION

The following information is necessary to initiate the prior authorization review:
Ovarian stimulation: Documentation of the type of procedure to be performed

C. CRITERIA FOR APPROVAL

1. Ovarian Stimulation For Ovulation Induction Or As Part Of An Assisted Reproductive Technology Procedure

a. Authorization of 12 months may be granted for female members prescribed menotropin for ovarian stimulation for ovulation induction or as part of an assisted reproductive technology procedure who meet ONE of the following criteria:
   i. The member is 37 years of age or older
   ii. The member has completed three previous cycles of Clomid (clomiphene citrate)
   iii. The member has a risk factor for poor ovarian response to Clomid (e.g., previous ovarian surgery, poor ovarian reserve)
   iv. The member has a contraindication or exclusion to Clomid (e.g., male factor infertility, previous trial of letrozole, tubal factor infertility)

D. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet ALL initial authorization criteria.

E. DOSAGE AND ADMINISTRATION

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Ovulation induction

- Menopur: 6300 IU/month
- Repronex: 6300 IU/month

REFERENCES

1. Menopur [package insert]. Parsippany, NJ: Ferring Pharmaceuticals Inc.; February 2014.
2. Repronex [package insert]. Parsippany, NJ: Ferring Pharmaceuticals Inc.; September 2012.
3. The Practice Committee of the American Society of Reproductive Medicine. Use of clomiphene citrate in infertile women: a committee opinion. *Fertility & Sterility*. 2013;100(2):341-348.